## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N01000001453

1. Entity Name

## TURNAROUND MANAGEMENT ASSOCIATION OF FLORIDA, IN



04-21-2003 91181 039 \*\*\*\*61.25

Apr 21, 2003 8:00 am Secretary of State

**FILED** 

631 US HWY ONE #308 631 US HWY ONE		Mailing Address		ţ				
		C/O BANKERS MUTUAL CAPITAL CORPORATION 631 US HWY ONE #308 NORTH PALM BEACH FL 33408 US						
2. Principal f	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number NO	T APPLICABLE	<b>⊢</b>	oplied For ot Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		7. Name and Addres	ss of New Registered	d Agent		
٠- سبب	The second of th	Silan i Li en di 1998 <del>i 19</del>	Name					
ARNOLD, MATHENY & EAGAN, P.A. 801 NORTH MAGNOLIA AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 20							ļ	
ORLANDO FL 32803			City		F	L Zip Cod	e	
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in the	e State of Florida. I ar	n familiar with,	and accept	
the obliga	itions of registered agent.						·	
	į							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Agent signature requ	uired when reinstating)	DATE		<del></del>	
5				<u> </u>				
	FILE MONE FEE IO 404 OF	9. Election Car	mpaign Financing	\$5.00 May Be	Make Che	ck Payable	to	
'FILE MUNY: FEE 10 AD 1.20			Contribution.	Added to Fees	Florida Depa			
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES	TO OFFICERS AND I			
TITLE	CURTIN, CHRISTOPHER A	☐ Delete	TITLE	easurer, Di ortini Caris	to be	Change	☐ Addition	
NAME STREET ADDRESS	% BANKERS MUT CAP CORP-6	21 LIC LIMV ONE #208	NAME STREET ADDRESS	SI HINI CHI IS	ioprici		\ :	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP				( )	
TITLE	VPD	Delete	TITLE 64	recident Di	1000	Change	Addition	
NAME	ALLEN, ROGER P	Delete	NAME NAME	resident , DI Ison, Dave Bankers M	iccioi		Acouron	
STREET ADDRESS	% BANKERS MUT CAP CORP-6	31 US HWY ONE #308	STREET ADDRESS	Bankers M	10+ual-63	31 N2 AJu	ghway	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	Ne # 308 NP	B.FL 33	408		
TITLE	VPD	Delete		csetary		Change	Addition	
NAME	FRIES, TIMOTHY J	<b>—</b>					$\hat{\mathcal{L}}$	
STREET ADDRESS	% BANKERS MUT CAP CORP-6	31 US HWY ONE #308	STREET ADDRESS	Rankers 1	nutual-6	31 US	HWYON	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	ouv, Arthu b Bankers n 208, NPB	FL 3341	78		
TITLE	VPD	Delete	TITLE	300,000		Change	☐ Addition	
NAME	LININGER, JAMES	• • • • • • • • • • • • • • • • • • •	NAME					
STREET ADDRESS	% BANKERS MUT CAP CORP-6		STREET ADDRESS					
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP					
TITLE	VPD	☐ Delete	TITLE			Change	☐ Addition	
NAME	SIEGEL, LUNELLE	04 110 1840/ 05/2 #000	NAME OTDEST ADDRESS					
STREET ADDRESS	% BANKERS MUT CAP CORP-6		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		■ CH3-21-7P I				ſ	
	150	_						
TITLE NAME	VPD SILVERSTEIIN, JEFFREY	Delete	TITLE NAME			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acceptate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other the empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

% BANKERS MUT CAP CORP-631 US HWY ONE #308

**NORTH PALM BEACH FL 33408** 

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