

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000163

1. Entity Name

TURTLE & TORTOISE CLUB OF FLORIDA, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90136 010 \*\*\*\*61.25

Principal Place of Business

% CHARLES H. GAUT  
1419 BEV. PT. RD.  
LEESBURG FL 34748

Mailing Address

% CHARLES H. GAUT  
1419 BEV. PT. RD.  
LEESBURG FL 34748

2. Principal Place of Business

% Chad R Curtis  
Suite, Apt. #, etc.  
2328 Giselle Ct  
City & State  
St Cloud FL  
Zip  
34772 Country  
USA

3. Mailing Address

% Chad R Curtis  
Suite, Apt. #, etc.  
2328 Giselle Ct  
City & State  
St Cloud FL  
Zip  
34772 Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAUT, CHARLES H  
1419 BEV. PT. RD.  
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name Chad R Curtis  
Street Address (P.O. Box Number is Not Acceptable)  
2328 Giselle Ct  
City St Cloud FL Zip Code 34772

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Chad R Curtis Chad R Curtis 24 April 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MARK	
STREET ADDRESS	2152 JUDITY PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BENNETT, MARVIN	
STREET ADDRESS	5440 LAKE JESSAMINE DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GIRARD, BETH	
STREET ADDRESS	2111 OAKHURST AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GAUT, CHARLES H	
STREET ADDRESS	1419 BEVERLY POINT RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Kral	
STREET ADDRESS	200 West 3rd Street	
CITY-ST-ZIP	Chuluota FL 32766	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chad R Curtis	
STREET ADDRESS	2328 Giselle Ct	
CITY-ST-ZIP	St Cloud FL 34772	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anita Lemonn	
STREET ADDRESS	5440 Halifax Dr.	
CITY-ST-ZIP	Orlando FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 accurate 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 like empowered.

SIGNATURE:

SCOTT R. CURTIS Chad R Curtis 24 April 2000 407 891 7072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)