

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90668 042 ***150.00

DOCUMENT # P01000081846

1. Entity Name
TURNBERRY HOLDINGS, INC.



Principal Place of Business
**7960 TURNBERRY WAY
DULUTH GA 30097-1634**

Mailing Address
**7960 TURNBERRY WAY
DULUTH GA 30097-1634**



2. Principal Place of Business

140 GRIFFIN AVE

3. Mailing Address

P.O. BOX 1210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT. ST. JOE, FL

City & State

PT. ST. JOE, FL

Zip

Country

32457

USA

Zip

Country

32457-1210

USA

4. FEI Number **58-2645749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRASWELL, CURT
3744 WINDINGS LAKE CIR.
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NIA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MOODY, JOHN R**
STREET ADDRESS **7960 TURNBERRY WAY**
CITY-ST-ZIP **DULUTH GA 30097-1634**

TITLE **P** ☒ Change ☐ Addition
NAME **MOODY, JOHN R.**
STREET ADDRESS **140 GRIFFIN AVENUE**
CITY-ST-ZIP **PT. ST. JOE, FL 32437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 607, 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:

JOHN R. MOODY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Moody 3/12/03 850-229-6830
Date Daytime Phone #

CR2E034 (10/02)