2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED DOCUMENT # P96000103272 Feb 11, 2000 8:00 am 1. Entity Name TURNEY INVESTMENT COMPANY, INC. **Secretary of State** 02-11-2000 90003 038 ***150.00 Mailing Address =Principal Place of Business 2915 W GULF DR NO A-302 2915 W GULF DR NO A-302 SANIBEL ISLAND FL 33957-5735 SANIBEL ISLAND FL 33957 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FFI Number 65-0717223 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Tichar TURNEY, RICHARD R Street Address (P.O. Box Number is No Acceptable) 2915 W GULF DR NO A-302 SANIBEL ISLAND FL 33957 City 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. (NOTE: Registered Agent signature required when reinstating) ered abent and title if applicable FILE NOX!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F ☐ Delete TITLE Change TURNEY, RICHARD R NAME NAME 2915 W GULF DR NO A-302 STREET ADDRESS STREET ADDRESS SANIBEL ISLAND FL 33957 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE TURNEY, JOHN R МАМЕ NAME 854 BOAL PKWY STREET ADDRESS STREET ADDRESS WINNETKA IL 60093 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete DIGEL, DEBORAH T NAME STREET ADDRESS 704 E MAIN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADFORD PA 16701** Change ☐ Addition ☐ Delete TITLE HEUSSLER, BARBARA T NAME NAME 1636 RIDOUT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANNAPOLIS MD 21401 Change Change ☐ Addition TITLE ☐ Delete TITLE BEECHER, JACQUELYN T NAME NAME **60 TANGLEWOOD DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORCHARD PARK NY 14127** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.