

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N26054

FILED
Apr 19, 2003
Secretary of State

Entity Name: TURKISH AMERICAN CULTURAL ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

C/O FIKRET DENGIZ
5220 BRITTANY DR SO. #1510
ST PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

METIN ARAT
PO BOX 3303
BRANDON, FL 33509

New Mailing Address:

METIN ARAT
PO BOX 3303
BRANDON, FL 335098218 US

FEI Number: 59-2962050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENGIZ, FIKRET
5220 BRITTANY DR SO. #1510
ST PETERSBURG, FL 33715

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARAT, METIN
Address: 3908 TURKEY OAK DR
City-St-Zip: VALRICO, FL 335948218

Title: VP () Delete
Name: TURAN, HALT
Address: 1035 SYLVIA LANE
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: PALANTEKAN, SEMRA
Address: 18408 CANARY LANE
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: PALANTEKIN, EROL
Address: 18408 CANARY LANE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: OGUZ, LALE
Address: 5130 BRITTANY DRIVE S #701
City-St-Zip: SAINT PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EROL PALANTEKIN

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04/19/2003

Electronic Signature of Signing Officer or Director

_____ Date