

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 548381

1. Entity Name

TURNER GROVES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90206 007 ***150.00

Principal Place of Business

1740 S.E. 3RD AVE.
P O BOX 396
OCALA FL 34471
US

Mailing Address

P.O. BOX 396
P O BOX 396
OCALA FL 34478-0396
US

2. Principal Place of Business

1515 SE 42nd ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Zip

34471

Country

USA

Zip

Country

4. FEI Number

59-1772085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, JULIA
13464 S.E. 108 COURT RD.
OKLAWAHA FL 32183

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME S
STREET ADDRESS HENDERSON, SHERYL D
CITY-ST-ZIP 23 PECAN COURSE LOOP
OCALA FL 34472

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1515 SE 42nd ave
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete
NAME PTD
STREET ADDRESS WALLACE, JULIA F
CITY-ST-ZIP 13464 SE 108 CT RD
OKLAWAHA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13488 SE 108 Ct Rd
CITY-ST-ZIP Oklawaha, FL 32179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)