

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759188

1. Entity Name

TURN ABOUT, INC. OF TALLAHASSEE

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90170 020 ****61.25

Principal Place of Business

2771 MICCOSUKEE RD.
P O BOX 13488 (32317)
TALLAHASSEE FL 32308

Mailing Address

2771 MICCOSUKEE RD.
P O BOX 13488 (32317)
TALLAHASSEE FL 32308-5413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147472

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YOUNG, PH.D LINDA R.
2771 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

Name

Gilbertson, Barbara G.

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

2771 Miccosukee Road

Tallahassee

City

FL

Zip Code

32308

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

Barbara Gilbertson, Executive Director *B. Gilbertson* 1/18/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BLANTON, GARRETT
STREET ADDRESS 2728 W HANNON HILL DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD ☐ Delete
NAME RAY, MARTHA
STREET ADDRESS 119 E MERIDIANNA DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VD ☐ Delete
NAME SAUERS, BECKY
STREET ADDRESS 7505 PRESERVATION RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President Director ☒ Change ☐ Addition
NAME Jack Diestelhorst
STREET ADDRESS 2701 Everett Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE Treasurer Director ☐ Change ☒ Addition
NAME Anita Stoumbelis
STREET ADDRESS 2439 Basswood Lane
CITY-ST-ZIP Tallahassee, FL 32308

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

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

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

TITLE ☐ Change ☐ 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:

Jack Diestelhorst JACK DIESTELHORST

1/18/00

(850) 656-3028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)