

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 759188

1. Entity Name
TURN ABOUT, INC. OF TALLAHASSEE



FILED

05 MAY 25 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2771 MICCOSUKEE RD
Suite, Apt. #, etc.

3. Mailing Address
2771 MICCOSUKEE ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FLORIDA
Zip
32308
Country
USA

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Tallahassee, FLORIDA
Zip
32308
Country
USA

4. FEI Number
592147472
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
JAMES S. ALVES
Street Address (P.O. Box Number is Not Acceptable)
123 SOUTH CALHOUN STREET
City
Tallahassee FL Zip Code
32301

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.

700055976237
06/09/05--01049--006 **61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES S. ALVES 123 SOUTH CALHOUN STREET TALLAHASSEE, FL. 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUY CORNWELL 6242 GRENVILLE ROAD TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEON CASSELS 440 AUDUBON DRIVE TALLAHASSEE, FLORIDA 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA BENEDICT 444 APPLEYARD DRIVE TALLAHASSEE, FLORIDA 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNA CALLAWAY 3031 LAKESHORE DRIVE TALLAHASSEE, FL. 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN CASSELS 440 AUDUBON DRIVE TALLAHASSEE, FL. 32312

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-19-05 850/671-1920
4/29/2005 850/671-1920

CR2E037B (12/02)