

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORMS AI

DOCUMENT # **A01000000649**

1. Entity Name  
**TURNER FAMILY HOLDINGS, LTD.**

FILED

02 JAN 28 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
215 SOUTH MONROE STREET, SUITE 400  
TALLAHASSEE FL 32301

Mailing Address  
~~215 SOUTH MONROE STREET, SUITE 400~~  
P.O. Box 10261  
TALLAHASSEE FL 32301



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 10261  
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

4. FEI Number  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
<b>TURNER, M. STEPHEN</b> 215 SOUTH MONROE STREET, SUITE 400 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) <b>800004880558-6</b> -02/05/02--01058--015 City ***526.2 FL Zip 025.25

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

9. Capital Contributions as Shown on record. **\$10,001,785.00**

10. Amount of Capital Contributions in FLORIDA to date. ~~2500000~~ **NO SUPPLEMENT**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS**  
NOTE: General Partners MAY NOT be changed or

**ACTIVE WITH THIS OFFICE.**  
Address to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>V72966</b> <b>M. STEPHEN TURNER, P.A.</b> <b>215 SOUTH MONROE STREET, SUITE 400</b> <b>TALLAHASSEE FL 32301</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**1/28**

ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/8/02** **89/6816810**  
Date Daytime Phone #

CR2E003 (9/01)