

2001 UNIFORM BUSINESS REPORT (UBR)

FILE 3/25

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DOCUMENT # A99000001523

1. Entity Name
SHELBY AND MARY TURNER, LTD.

FILED
01 APR 12 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1926 OCEANFRONT
NEPTUNE BEACH FL 32266

Mailing Address
13164 ATLANTIC BLVD.
JACKSONVILLE FL 32225



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3594830 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
YONG, FRANK J
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32266

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$7,000,000.00 **10. Amount of Capital Contributions** in FLORIDA to date. **11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 141.25

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P99000054758
NAME	SHELBY AND MARY TURNER, INC.
STREET ADDRESS	1926 OCEANFRONT
CITY-ST-ZIP	NEPTUNE BEACH FL 32266
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	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	100004044751--7 -04/23/01--01132--028 ****667.50 ****141.25
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: _____ **3/23/01** **904.221.3130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR26003 (11/00)