

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001615

1. Entity Name

TURNER REAL PROPERTY INVESTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 13 PM 1:33

*[Handwritten signature]*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

505 LAKEFRONT BLVD.  
WINTER PARK FL 32789

Mailing Address

~~P.O. BOX 14~~  
~~WINTER PARK FL 32790-0014~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1870

Suite, Apt. #, etc.

City & State

JUPITER FL

Zip

33468

Country

4. FEI Number

59-3321061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR.  
315 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,500,000.00

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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000078218  
NAME TURNER MANAGEMENT, INC.  
STREET ADDRESS 505 LAKEFRONT BLVD.  
CITY - ST - ZIP WINTER PARK FL 32789

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

1000033001111-5

-06/21/00--01117--001

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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

6/07/00

Date

Daytime Phone #