

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84607

1. Entity Name

TURNER PROPERTIES & INVESTMENTS, INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90099 017 ***150.00

Principal Place of Business

1471 TIMBERLANE ROAD
SUITE 135
TALLAHASSEE FL 32312
US

Mailing Address

1471 TIMBERLANE ROAD
SUITE 135
TALLAHASSEE FL 32312
US

2. Principal Place of Business

2419 FLEISCHMANN RD.

3. Mailing Address

2419 FLEISCHMANN RD.

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country

US

Zip

32308

Country

US

6. Name and Address of Current Registered Agent

TURNER, MARTIN STEPHEN
215 SOUTH MONROE
SUITE 400/P O DRAWER 11300
TALLAHASSEE FL 32302

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MANCEBO, JOAN	
STREET ADDRESS	1471 TIMBERLANE ROAD, SUITE 135	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TURNER, DOUGLAS E.	
STREET ADDRESS	1471 TIMBERLANE ROAD, SUSITE 135	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, TERESA L.	
STREET ADDRESS	1471 TIMBERLANE ROAD, SUITE 135	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2419 FLEISCHMANN ROAD, SUITE 2
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2419 FLEISCHMANN ROAD, SUITE 2
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2419 FLEISCHMANN ROAD, SUITE 2
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Mancebo, Vice-President 1/10/01 850-894-3944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)