## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## **FILED** DOCUMENT # F97000004987 Mar 30, 2000 8:00 am **Secretary of State** TURNKEY MANAGEMENT, INC. 03-30-2000 90074 037 \*\*\*150.00 Mailing Address Principal Place of Business 900 SOUTH US HWY 1 STE 204 900 SOUTH US HWY 1 STE 204 JUPITER FL 33477-6469 JUPITER FL 33477 3. Mailing Address 2. Principal Place of Business 900 SOUTH US HWY 1 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 203 Applied For City & State 4. FEI Number City & State 52-1354325 JUPITER 41 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 33477 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROUNTZOUNIS, GISELE Street Address (P.O. Box Number is Not Acceptable) 900 SOUTH US HWY ONE STE 204 JUPITER FL 33477 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE CRONIN, DANIEL NAME NAME 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Addition ☐ Delete TITLE ☐ Change TITLE ROUNTZOUNIS, GISELE NAME NAME STREET ADDRESS 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP JUPITER FL ☐ Delete Change Addition TITLE TITLE O'HARE, JAMES A NAME NAME 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL Change Addition ۷D TITLE ☐ Delete TITLE RYAN, JOHN J NAME NAME 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Jupiter FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Phone #