

# 2000 UNIFORM BUSINESS REPORT (UBR) *UNENDED*

DOCUMENT # F98000002099

1. Entity Name

TORTOGA INVESTMENTS LTD., INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -1 PM 12:29

Principal Place of Business

Mailing Address

1858 RINGLING BLVD  
SARASOTA FL 34236

1858 RINGLING BLVD  
SARASOTA FL 34236-5917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5400 OCEAN BLVD

Suite, Apt. #, etc.

#1403

City & State

SARASOTA, FL

Zip

34242

Country

3. Mailing Address

5400 OCEAN BLVD

Suite, Apt. #, etc.

#1403

City & State

SARASOTA, FL

Zip

34242

Country

4. FEI Number

52-2087854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLENNING, RENE M  
1858 RINGLING BLVD  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name DEAN, EDITH

Street Address (P.O. Box Number is Not Acceptable)  
2627 BISPHAM RD

SARASOTA

City

FL

Zip Code

34231

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

EDITH DEAN

Edith Dean

5/1/2000

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, 2000 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

12.

ADDITION: CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	PANKNIN, KLAUS-BODO	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	GLENNING, RENE M	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PANKNIN, JOHANNA W	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
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		

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANKNIN, KLAUS-BODO	
STREET ADDRESS	5400 OCEAN BLVD, #1403	
CITY-ST-ZIP	SARASOTA, FL 34242-3358	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANKNIN, JOHANNA W	
STREET ADDRESS	5400 OCEAN BLVD, #1403	
CITY-ST-ZIP	SARASOTA, FL 34242-3358	
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		

check - 43.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print