

2001 UNIFORM BUSINESS REPORT (UBR)

0019223 AF

DOCUMENT # L00000009220

1. Entity Name
TURN FIVE CONCESSIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -7 PM 3:17

Principal Place of Business

~~2608 STATE ROAD 542~~
~~AUBURNDALE FL 33823~~

Mailing Address

2698 STATE ROAD 542 W.
AUBURNDALE FL 33823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

51640 State Road 542 W
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven,
Florida

City & State

4. FEI Number

54-3654354

Applied For

Not Applicable

Zip
33880

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARD, DEBI S
2698 STATE ROAD 542
AUBURNDALE FL 33823

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEARD, DEBI S
2698 STATE ROAD 542 W.
AUBURNDALE FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEARD, CARL R
2698 STATE ROAD 542 W.
AUBURNDALE FL 33823 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600003908156--1
-03/23/01--01096--015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Debi S. Beard

1/28/01 863 551-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)