

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90078 014 *****70.00

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DOCUMENT# N01000000099

1. Entity Name

RED TURTLE LODGE, INC.

Principal Place of Business

**6442 W. LEXINGTON DR.
 CRYSTAL RIVER FL 34429**

Mailing Address

**6442 W. LEXINGTON DR.
 CRYSTAL RIVER FL 34429**

2. Principal Place of Business

1308 SINCLAIR HILLS RD

3. Mailing Address

1308 SINCLAIR HILLS RD

Suite, Apt. #, etc.

House

Suite, Apt. #, etc.

House

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549

Country

Hillsborough

Zip

33549

Country

Hillsborough

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALLIS, CAROL L
 6442 W. LEXINGTON DR.
 CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name

June Perry

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

1308 SINCLAIR HILLS ROAD

City

LUTZ

FL

Zip Code

33549

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRY, JUNE T	
STREET ADDRESS	1308 SINCLAIR HILLS RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, SUSAN	
STREET ADDRESS	62705 S. BANYON DR.	
CITY-ST-ZIP	HOMASASSA FL 34448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALLIS, CAROL L	
STREET ADDRESS	6442 W. LEXINGTON DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, DEBORAH	
STREET ADDRESS	21 W. LEMON ST.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D-12233 PASCO TRAILS	
STREET ADDRESS	SPRING HILL FL. 34610	
CITY-ST-ZIP	MICHAEL FALCON JR.	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

APRIL 27 2001 813-971-8782

CR2E037 (10/00)