

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000099

1. Entity Name

RED TURTLE LODGE, INC.

FILED

May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90261 028 \*\*\*\*70.00

Principal Place of Business

1308 SINCLAIR HILLS RD  
HOUSE  
LUTZ FL 33549

Mailing Address

1308 SINCLAIR HILLS RD  
HOUSE  
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, JUNE  
1308 SINCLAIR HILLS RD  
LUTZ FL 33549

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME PERRY, JUNE T  
STREET ADDRESS 1308 SINCLAIR HILLS RD.  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete  
NAME DAVIS, SUSAN  
STREET ADDRESS 62705 S. BANYON DR.  
CITY-ST-ZIP HOMASASSA FL 34448

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

TITLE D ☐ Delete  
NAME WALLIS, CAROL L  
STREET ADDRESS 6442 W. LEXINGTON DR.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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

TITLE D ☒ Delete  
NAME FALCON, MICHAEL JR  
STREET ADDRESS 12233 PASCO TRAILS  
CITY-ST-ZIP SPRING HILL FL 34610

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

TITLE ☐ Delete  
NAME JOHN PORTER - D  
STREET ADDRESS 8154 W PINE BLUFF ST.  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 11 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

Daytime Phone #

CR2E037 (9/01)