

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002213

1. Entity Name

DIANE KIP TURNER CHARITABLE FOUNDATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90041 032 ****61.25

Principal Place of Business

Mailing Address

~~1930 HIGH GLEN COURTS~~
~~LAKELAND FL 33813~~

P.O. BOX 117
LAKELAND FL 33802-0117

2. Principal Place of Business

3. Mailing Address

1124 6th St. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Zip 34102

Country

USA

Zip

Country

4. FEI Number

65-0417972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, E. SNOW S JR
200 LAKE MORTON DR.
LAKELAND FL 33801

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 ☐ Delete
NAME D
STREET ADDRESS TURNER, DIANE K
CITY-ST-ZIP ~~1930 HIGH GLEN COURT SOUTH~~
LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1124 6th St. S.
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Delete
NAME D
STREET ADDRESS GIRARD, PETRICIA T
CITY-ST-ZIP ~~1930 HIGH GLEN COURT S~~
LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1124 6th St. S.
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Delete
NAME D
STREET ADDRESS JARNAGIN, DOUGLAS C
CITY-ST-ZIP 5231 GLENMORE DR.
LAKELAND FL 33813

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

TITLE ☐ Delete
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00