2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N97000001708 May 15, 2000 8:00 am 1. Entity Name Secretary of State TURKEY CREEK SOCIAL CLUB, INC. 05-15-2000 90162 027 ****61.25 Principal Place of Business Mailing Address 3092 INDIAN RIVER DRIVE N.E. 3092 INDIAN RIVER DRIVE N.E. PALM BAY FL 32905-4316 PALM BAY FL 32905 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number City & State City & State 59-3502411 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KORP, WILLIAM R ESQ. 333 SOUTH TAMIAMI TRAIL SUITE 199 Zip Code City VENICE FL 34285 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Addition TITLE ☐ Delete TITLE PARRISH HEWER, SHERYL NAME NAME INGIAN RIVER DRIVE NE STREET ADDRESS 1431 TURKEY CREEK DR NE STREET ADDRESS FLORIDA CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete TITLE TITLE INDIAN RIVER DRIVE NE NAME NAME **KULL, MARGARET** STREET ADDRESS STREET ADDRESS 1208 TURKEY CREEK DR N.E. BAY FLORIDA-32905 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 DIRECTOR Change Addition TITLE" ☐ Detete TITLE n SISSON, DELMA 3010 INDIAN RIVER DRIVE NE PALM BAY FLORIDA 3290 NAME NAME STREET ADDRESS STREET ADDRESS 3002 INDIAN RIVER DR N.E. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 Change **Addition** TITLE ☐ Delete TITLE NAME NOVE, LAURA NAME IND RIVER DRIVE NE FLORIDA 3290S STREET ADDRESS STREET ADDRESS 3018 INDIAN RIVER DR NE 32905 CITY-ST-ZIP CITY-ST-ZIP PALM_BAY FL 32905 Addition TITLE REASULER ☐ Delete TITLE ANCU MARRA NAME NAME Johnson, Kay NOIAN RIVER DRIVE NE STREET ADDRESS STREET ADDRESS 2960 INDIAN RIVER DR NE FLORI DA CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete TITLE TITLE MARGARET KUIL NAME NAME WHITE, ROSE M THRKEY CREEK DRIVE NE STREET ADDRESS STREET ADDRESS 3104 INDIAN RIVER DR. N.E. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 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.

TAILLY DIVIDING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

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