

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90161 014 \*\*\*\*61.25

**DOCUMENT # N97000001708**

1. Entity Name

**TURKEY CREEK SOCIAL CLUB, INC.**

Principal Place of Business

Mailing Address

**3092 INDIAN RIVER DRIVE N.E.  
 PALM BAY FL 32905**

**3092 INDIAN RIVER DRIVE N.E.  
 PALM BAY FL 32905**

**80009588**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3502411**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KORP, WILLIAM R ESQ.  
 333 SOUTH TAMiami TRAIL  
 SUITE 199  
 VENICE FL 34285**

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 **P**  
 STREET ADDRESS **PARRISH, SALLY**  
 CITY-ST-ZIP **3054 INDIAN RIVER DRIVE NE  
 PALM BAY FL 32905**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **WHITE, ROSEMARY**  
 CITY-ST-ZIP **3104 INDIAN RIVER DRIVE NE  
 PALM BAY FL 32905**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SISSON, DELMA**  
 CITY-ST-ZIP **3010 INDIAN RIVER DRIVE NE  
 PALM BAY FL 32905**

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

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **FLYNN, DOROTHY**  
 CITY-ST-ZIP **2986 INDIAN RIVER DRIVE NE  
 PALM BAY FL 32905**

TITLE ☒ Change ☐ Addition  
 NAME **Barbara Brown**  
 STREET ADDRESS **Turkey Creek Dr. NE**  
 CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **MARRA, NANCY**  
 CITY-ST-ZIP **2979 INDIAN RIVER DRIVE NE  
 PALM BAY FL 32905**

TITLE ☒ Change ☐ Addition  
 NAME **Dorothy Flynn**  
 STREET ADDRESS **3986 Indian River Dr. NE**  
 CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KULL, MARGARET**  
 CITY-ST-ZIP **1208 TURKEY CREEK DRIVE NE  
 PALM BAY FL 32905**

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: Dorothy Flynn** **DATE: JAN 15, 01** **PHONE: 953-2378**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)