

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90009 035 ***150.00

DOCUMENT # P00000034471

1. Entity Name

TORTUGA SOUTH INVESTMENTS, INC.

Principal Place of Business

**1858 ASCOTT RD.
JUNO BEACH FL 33408**

Mailing Address

**1858 ASCOTT RD.
JUNO BEACH FL 33408**

2. Principal Place of Business

500 AUSTRALIAN AVE

3. Mailing Address

500 AUSTRALIAN AVE

Suite, Apt. #, etc.

STE 400

Suite, Apt. #, etc.

STE 400

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-1086720

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

**MCMILLAN, JOHN
1858 ASCOTT RD.
JUNO BEACH FL 33408**

Name

MCMILLAN, JOHN

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

500 AUSTRALIAN AVE

STE 400

City

WEST PALM BEACH

FL

Zip Code
33408

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, JOHN	
STREET ADDRESS	1858 ASCOTT RD.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, JENNIFER	
STREET ADDRESS	1858 ASCOTT RD.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MCMILLAN, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 AUSTRALIAN AVE STE 400	
STREET ADDRESS	WEST PALM BEACH FL 33401	
CITY-ST-ZIP		
TITLE	MCMILLAN, JENNIFER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 AUSTRALIAN AVE STE 400	
STREET ADDRESS	WEST PALM BEACH FL 33401	
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

JOHN C. MCMILLAN 4/24/01

Date

Daytime Phone #

561 820-8711

CR2E034 (10/00)