

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90165 011 \*\*\*150.00

DOCUMENT # *P00000034471*

1. Entity Name

Tortuga South Investments, Inc.



**DO NOT WRITE IN THIS SPACE**

80042340

2. Principal Place of Business

500 Australian Ave

3. Mailing Address

500 Australian Ave

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

651086720

Applied For

Not Applicable

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name John C. McMillan

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

500 Australian Ave., Suite 400

City West Palm Beach,

FL

Zip Code  
33401

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
President/Director  
John C. McMillan  
500 Australian Ave, Ste 400, WPB, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Vice President/Director  
Jennifer M. McMillan  
500 Australian Ave., Ste 400, WPB,  
33401

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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 #

CR2E034B (12/02)