

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06716

1. Entity Name

TURNER DEVELOPMENT CORPORATION

Principal Place of Business

375 HUDSON STREET
NEW YORK NY 10014

Mailing Address

375 HUDSON STREET
NEW YORK NY 10014-3658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2686470

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
PARMELEE, HAROLD J
375 HUDSON ST.
NY NY

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTC
ALEXANDER, ANDREW S
375 HUDSON ST.
NEW YORK NY 10014

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANETTE, ELLIS T JR
375 HUDSON ST
NEW YORK NY 10014

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
SLEEMAN, D.G.
375 HUDSON STREET
NEW YORK NY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GOZO, SARA J
375 HUDSON STREET
NEW YORK NY

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOPDCFO
DONALD G. SLEEMAN
901 Main STREET
DALLAS, TX 75202

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V, CONTROLLER
MICHAEL J. MURPHY
901 Main STREET
DALLAS, TX 75202

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCHAIRMAN
THOMAS C. LEPPERT
901 Main STREET
DALLAS, TX 75202

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ANTHONY C. BEGU
901 Main STREET
DALLAS TX 75202

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90004 012 ***150.00



DO NOT WRITE IN THIS SPACE

May 17, 2000 (212) 229-6000