

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90008 013 \*\*\*150.00

DOCUMENT # P34734

1. Entity Name

TURNER CARIBE, INC.

Principal Place of Business

B-5 Camino Alejandro  
 Villa Clementina  
 Guaynabo PR 00970-0005

Mailing Address

Turner Construction Company  
 Arthur Andersen Tax Department  
 375 Hudson Street  
 New York, NY 10014

00056188

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0042429

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. Pine Island Road  
 Plantation, FL 33324

7. Name and Address of New Registered Agent

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, 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          | V                       | <input type="checkbox"/> Delete |
| NAME           | JOHN A. BETTS           |                                 |
| STREET ADDRESS | B-5 CAMILLO ALEJANDRINO |                                 |
| CITY-ST-ZIP    | GUAYNABO PR 00970-0005  |                                 |
| TITLE          | D, P, COB               | <input type="checkbox"/> Delete |
| NAME           | ROBERT E. FEE           |                                 |
| STREET ADDRESS | 375 HUDSON ST.          |                                 |
| CITY-ST-ZIP    | NEW YORK, NY 10014      |                                 |
| TITLE          | S                       | <input type="checkbox"/> Delete |
| NAME           | LORI V. WILLOX          |                                 |
| STREET ADDRESS | 901 MOJIN ST.           |                                 |
| CITY-ST-ZIP    | DALLAS, TX 75202        |                                 |
| TITLE          | CFO, D                  | <input type="checkbox"/> Delete |
| NAME           | DONALD G. SLEEMAN       |                                 |
| STREET ADDRESS | 901 MOJIN STREET        |                                 |
| CITY-ST-ZIP    | DALLAS, TX 75202        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | THOMAS C. LEPPERT       |                                 |
| STREET ADDRESS | 901 MOJIN STREET        |                                 |
| CITY-ST-ZIP    | DALLAS, TX 75202        |                                 |
| TITLE          | C                       | <input type="checkbox"/> Delete |
| NAME           | MICHAEL J. MURPHY       |                                 |
| STREET ADDRESS | 901 MOJIN ST.           |                                 |
| CITY-ST-ZIP    | DALLAS, TX 75202        |                                 |

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | ASSISTANT SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RAFAEL A. TOLENTINO |  |
| STREET ADDRESS | 375 HUDSON ST.      |  |
| CITY-ST-ZIP    | NEW YORK, NY 10014  |  |
| 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    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

CR2E034 (11/00)

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

ROBERT T. MEYER

Date

Daytime Phone #

5/1/01