FILED Apr 19, 2001 8:00 am **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P93000026322

TURNER RIVER REAL ESTATE, CORP.							04-19-2001 90027 044 ***150.00					
Principal Place of Business 02 COPELAND & BROADWAY EVERGLADES CITY FL 34139 JS			Mailing Address P.O. BOX 649 EVERGLADES CITY FL 34139 US					0 3 4 4 9 0				
					1.00							
2. Principal Place of Business			3. Mailing Address					<u> 18168 liiki 60ku Taki 60ki</u>	folis dan	1000 001 10	15 1111 1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	4. FEI Number 59-3183351 Applied For Not Applica					
Zip Country -			Zip	itry —	5. Certificate of Status Desired \$8.75 Additional Fee Required					itional *		
	6. Name	and Address of Current F	egistered Agent	7. Name and Address of New Registered Agent								
SUNMAN, JEAN LOT 17 PARKWAY VILLAGE CONDOS					Name Street Address	s (P.O. B	lox Number i	s Not Acceptable)				
	CHOKOLO											
CHOKOLOSKEE FL 34138					City				FL	Zip Code	;	
O The share		y submits this statement for	the purpose of changing its	rogistor	ed office or regist	tered and	ent or both	in the State of Florida				
SIGNATURE ,		or printed name of registered agent as			d Agent signature requi	ired when re			DATE			
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 			After MAY 1, 20 Make Check Payal	will be \$550.00	tate	Trust	on Campaign Financ Fund Contribution.		Added	May Be I to Fees		
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CI	ANGES TO OFFICE		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ERRY ELAND & BROADWAY DES CITY FL 34139	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVENGLA	DES CITT FE 34139	☐ Delete	TITL NAM STRI	E		•			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l		i .			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Delete	TITL NAM STRI	E			- 34		☐ Change	☐ Addition	
13. I hereby	l on this renc	e information supplied with rt or supplemental report is he receiver or trustee empo	true and accurate and that (r the exe	emption stated in ture shall have the	ie same	iedai errect a	is ii made under oairi	; mai i ai	II all ollicei	OI GIRECTOI	

changed, or on an attachment with an address, with all other the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

TERRY A. LURIE 4/11/01 (941)695-2525

Date Date Dayline Phone #