

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90015 005 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000058317

1. Entity Name
TURTLE BAY, INC.

Principal Place of Business Mailing Address
 712 U.S. HIGHWAY ONE 712 U.S. HIGHWAY ONE
 SUITE 400 SUITE 400
 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-4521

2. Principal Place of Business 3. Mailing Address
39 ST THOMAS DR **39 ST THOMAS DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BEACH GARDENS FL **PALM BEACH GARDENS FL**

Zip Country Zip Country
33418 **33418**

4. FEI Number 65-0686514 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COHEN, FRED C
 % COHEN, CHERNAY, NORRIS, ET AL
 712 U.S. HIGHWAY ONE, SUITE 400
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 Name: **David Trombley**
 Street Address (P.O. Box Number is Not Acceptable): **39 ST THOMAS DR**
 City: **PALM BEACH GARDENS FL** Zip Code: **33418**

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: **David Trombley** *[Signature]* **2-19-2000**
Signature, typed or printed name of registered agent and fee 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	PVST TROMBLEY, DAVID 39 ST. THOMAS DRIVE PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROMBLEY, DAVID 39 ST. THOMAS DRIVE PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE: *[Signature]* **David Trombley, director** **2-19-2000** **541 625 4144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)