

# 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**      **David Trombley**      **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.  **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	<b>PVST</b> <b>TROMBLEY, DAVID</b> <b>39 ST. THOMAS DRIVE</b> <b>PALM BEACH GARDENS FL 33418</b> <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	<b>D</b> <b>TROMBLEY, DAVID</b> <b>39 ST. THOMAS DRIVE</b> <b>PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE: **David Trombley**      **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)