

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058317

1. Entity Name

TURTLE BAY, INC.

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

02-26-2000 90015 005 ***150.00

Principal Place of Business

Mailing Address

712 U.S. HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408

712 U.S. HIGHWAY ONE
SUITE 400
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

7. Name and Address of New Registered Agent

COHEN, FRED C
% COHEN, CHERNAY, NORRIS, ET AL
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-2000

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 PVST
NAME TROMBLEY, DAVID
STREET ADDRESS 39 ST. THOMAS DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME TROMBLEY, DAVID
STREET ADDRESS 39 ST. THOMAS DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Trombley, director

Date

Daytime Phone #

2-19-2000 5416254184

CR2E034 (9/99)