

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90018 044 ***150.00

DOCUMENT # P97000045231

1. Entity Name
TURTLE CREEK PROPERTIES INCORPORATED

Principal Place of Business

870 N. COURTENAY PKY STE 47B
MERRITT IS FL 32953

Mailing Address

PO BOX 540941
MERRITT IS FL 32954

2. Principal Place of Business

8716 Lantana Ct

3. Mailing Address

PO Box 540941

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE Canaveral, FL

City & State

Merritt Island FL

Zip
32920

Country
USA

Zip
32954

Country
USA

4. FEI Number

59-3668119

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

LUCAS, RONALD J
429 WATTS WAY
COCOA BEACH FL 32931

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **HILL, MICHAEL**
CITY-ST-ZIP **8716 LANTANA CT.**
CAPE CANAVERAL FL 32920

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **SMITH, BRENT**
CITY-ST-ZIP **PO BOX 540941**
MERRITT IS FL 32953

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

TITLE ☒ Delete
NAME ~~**TS**~~
STREET ADDRESS ~~**LUCAS, RONALD J**~~
CITY-ST-ZIP ~~**870 N COURTENAY PKY STE 47B**~~
~~**MERRITT IS FL 32953**~~

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

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)