

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 08:00 AM  
Secretary of State

DOCUMENT # P98000060780

1. Entity Name

TURNSTILE ENTERPRISES, INCORPORATED

Principal Place of Business

5536 ISLEWORTH COUNTRY CLUB DRIVE

WINDERMERE

34786

FL

Mailing Address

5536 ISLEWORTH COUNTRY CLUB DRIVE

WINDERMERE

34786

FL

2. Principal Place of Business

1500 PARK CENTER DR

3. Mailing Address

1500 PARK CENTER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number

65-0854172

Applied For

Not Applicable

Zip

32835

Country

US

Zip

32835

Country

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

JONES FREDERICK W  
369 N. NEW YORK AVENUE THIRD FLOOR

WINTER PARK

32789

US

FL

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)

09/12/2000

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 D ☐ Delete  
NAME CRAIN MERRILEE P  
STREET ADDRESS 5536 ISLEWORTH COUNTRY CLUB DRIVE  
CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE D ☐ Delete  
NAME CRAIN RANCE E  
STREET ADDRESS 5536 ISLEWORTH COUNTRY CLUB DRIVE  
CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Renee E. Crain

09/12/2000