

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90075 010 \*\*\*150.00

DOCUMENT # P99000037625

1. Entity Name

TURNER ASSOCIATES INVESTMENT CORPORATION

|  |  |
|--|--|
| Principal Place of Business                            | Mailing Address  |
| 6901 W OKEECHOBEE BLVD<br>WEST PALM BEACH, FL<br>33411 | 6901 W OKEECHOBEE BLVD<br>WEST PALM BEACH, FL<br>33411 |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 3. Mailing Address    |
| 6901 W OKEECHOBEE BLV          | 6901 W OKEECHOBEE BLV |

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| BAY E-1             | BAY E-1             |

|                     |                     |
|---------------------|---------------------|
| City & State        | City & State        |
| WEST PALM BEACH, FL | WEST PALM BEACH, FL |

|       |          |       |          |
|-------|----------|-------|----------|
| Zip   | Country  | Zip   | Country  |
| 33411 | PALM BCH | 33411 | PALM BCH |

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 65-0914281    | Not Applicable |

|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent

LINDA TURNER  
 10960 WINDING CREEK LN  
 BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State  |
| 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, 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

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | D                      | <input type="checkbox"/> Delete |
| NAME            | TURNER, LINDA          |                                 |
| STREET ADDRESS  | 10960 WINDING CREEK LN |                                 |
| CITY - ST - ZIP | BOCA RATON, FL 33428   |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)