

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106128

1. Entity Name

JOHN B. TURNER VI INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

964 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

964 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

650970327

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TURNER, JOHN
964 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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 resigning)

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 ☐ Delete
NAME
D
TURNER, JOHN
STREET ADDRESS
964 WEST HALLANDALE BEACH BLVD.
CITY-ST-ZIP
HALLANDALE FL 33009

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. TURNER VI

Date

5/1/00

FILED
Aug 02, 2000 8:00 am
Secretary of State

06-05-2000 90035 005 ***150.00



DO NOT WRITE IN THIS SPACE

650970327

650970327

CR2004 (9/99)

DOC # P99000106128 / 308931

U/953-445-01801-U

P.01
52720 261



Department of the Treasury
Internal Revenue Service
ATLANTA GA 39901

Date of this notice:
Taxpayer Identifying Number
Form:

MAR. 6, 2000
65-0970327
Tax Period:

305 252-1930

For assistance you may
call us at:

1-800-829-1040

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

JOHN B TURNER VI INSURANCE GROUP
INC
964 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009-5241643

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF
DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING DEC. 8, 1999, SUBJECT TO
VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF
TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF
THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION
WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING
PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS
THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR
ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE
WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS
TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO
HELP YOU; HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR
WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT
TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE
BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on
telephone calls.

Keep this part for your records.

Overlay 5 Form 8489 (Rev. 8-91)

Return this part to us with your check or inquiry

Your telephone number	Best time to call
()	

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INTERNAL REVENUE SERVICE
ATLANTA GA 39901

JOHN B TURNER VI INSURANCE GROUP
INC
964 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009-5241643

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