

FILED

Jun 19, 2001 8:00 am  
Secretary of State

05-03-2001 91115 003 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74626

1. Entity Name

TURNER FURNITURE OF TALLAHASSEE, INC.

Principal Place of Business

1425 VILLAGE SQUARE BLVD  
TALLAHASSEE FL 32308

Mailing Address

1425 VILLAGE SQUARE BLVD  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 58-1964432

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER SCOTT R  
6015 QUAIL RIDGE  
TALLAHASSEE FL 32312

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 relinquishing)

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME TURNER, SCOTT R.  
STREET ADDRESS 171 PALMER ST  
CITY-STATE-ZIP PELHAM GA ☐ DeleteTITLE D  
NAME TURNER, S. RUSSELL, JR.  
STREET ADDRESS 6015 QUAIL RIDGE 1425 Village Sq Blvd  
CITY-STATE-ZIP TALLAHASSEE FL ☐ DeleteTITLE Comptroller  
NAME Sherry S. Hancock  
STREET ADDRESS Po Box 687  
CITY-STATE-ZIP Pelham, GA 31779 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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 shareholder 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 (10/00)