

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706234

1. Entity Name

FLORIDA TURFGRASS ASSOCIATION, INC.

Principal Place of Business

5850 T G LEE BLVD.
SUITE 110
ORLANDO FL 32803-6399
US

Mailing Address

5850 T G LEE BLVD
SUITE 110
ORLANDO FL 32822-4408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0915813

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

STOCKLIN, CHERYL
5850 T G LEE BLVD
SUITE 110
ORLANDO FL 32822

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SANATELLA, ERICA
777 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARNES, DAVID
4366 E KINSEY RD
AVON PARK FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WAHLIN, SCOTT
P.O. BOX 8366N/A
LONGBOAT KEY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PUCKETT, R ALAN
4200 COUNTRY CLUB RD. S
WINTER HAVEN FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JARRELL, MARK
7500 ST ANDREWS RD
LAKE WORTH FL 33467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCORD, JAY
16163 LEM TURNER RD
JACKSONVILLE FL ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/6/00
Date

407/856 5767
Daytime Phone #

CR2E037 (9/99)