

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90145 044 \*\*\*\*61.25

**DOCUMENT # N93000000745**

1. Entity Name

**TREASURE COAST TURF MECHANICS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13585 103RD ST  
 FELLSMERE FL 32948  
 US

PO BOX 1206  
 PALM CITY FL 34991-6206  
 US

**605007**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**4900 S.W. BERRY Ave.**  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM CITY, FL.**

4. FEI Number

**59-3166669**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34990**

**USA**

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

**WOLFE, GARY**  
**2537 BURTON ST**  
**PORT SAINT LUCIE FL 34952**

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 **D**  Delete  
 NAME **PANCHON, MARK**  
 STREET ADDRESS **13585 103RD ST**  
 CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE **D**  Change  Addition  
 NAME **PAUL DAVIDSON**  
 STREET ADDRESS **2633 N.E. ROBERTA ST.**  
 CITY-ST-ZIP **JENSEN BEACH, FL. 34957**

TITLE **D**  Delete  
 NAME **WOLFE, GARY**  
 STREET ADDRESS **2537 BURTON ST**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **NELSON, ROBERT**  
 STREET ADDRESS **PO BOX 1429**  
 CITY-ST-ZIP **PALM CITY FL 34991**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*ROBERT NELSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 JAN 00  
 Date

561-220-1499  
 Daytime Phone #

CR2E037 (9/99)