

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005940

1. Entity Name

Wesco Turf Supply, Inc.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90082 030 \*\*\*158.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

300 Technology Park

Suite, Apt. #, etc.

3. Mailing Address

300 Technology Park

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32746

Country

USA

City & State

Lake Mary, FL

Zip

32746

Country

USA

4. FEI Number

52-2120964

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Lenard Moore  
2101 Cantu Court  
Sarasota, FL 34232

7. Name and Address of New Registered Agent

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

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	POD	<input type="checkbox"/> Delete
NAME	William Gamble Sr.	
STREET ADDRESS	2101 Cantu Court	
CITY-ST-ZIP	Sarasota, FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	Lenard Moore	
STREET ADDRESS	2101 Cantu Court	
CITY-ST-ZIP	Sarasota, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Zelig Robinson	
STREET ADDRESS	233 East Redwood Street	
CITY-ST-ZIP	Baltimore, MD	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Hillel Tendler	
STREET ADDRESS	233 East Redwood Street	
CITY-ST-ZIP	Baltimore, MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	Farrell Conlon	
STREET ADDRESS	300 Technology Park	
CITY-ST-ZIP	Lake Mary, FL	
TITLE	POD	<input type="checkbox"/> Delete
NAME	John Gamble	
STREET ADDRESS	300 Technology Park	
CITY-ST-ZIP	Lake Mary, FL	

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)