

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G72734**

1. Entity Name

SOUTH FLORIDA TURF PRODUCTS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90127 024 ***150.00

Principal Place of Business

Mailing Address

**1800 CENTRAL BLVD.
P.O. BOX 8081
JUPITER FL 33458**

**1800 CENTRAL BLVD.
P.O. BOX 8081
JUPITER FL 33458-7301**

2. Principal Place of Business

3. Mailing Address

**300 N. Old Dixie Hwy
Suite, Apt. #, etc.
108**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

Zip

Country

Zip

Country

33458

US

4. FEI Number

59-2392327

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

**SMITH, LAMAR K
1800 CENTRAL BLVD.
JUPITER FL 33458**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input type="checkbox"/> Delete
NAME	SMITH, LAMAR K	
STREET ADDRESS	18149 SE RIDGEVIEW CT.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, LAMAR K.	
STREET ADDRESS	18149 SE RIDGEVIEW CT.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Lamar K	
STREET ADDRESS	1000 N. US Hwy One, # 733	
CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Lamar K	
STREET ADDRESS	1000 N. US Hwy One, #733	
CITY-ST-ZIP	Jupiter, FL 33477	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (Sun) 744-0467
Date Daytime Phone #

CR2E034 (9/99)