

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61717

1. Entity Name

PROFESSIONAL TURF MANAGERS, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90657 050 ***150.00

Principal Place of Business
2101 E EDGEWOOD DR
% JAMES K. SARTAIN
LAKELAND, FL 33803
US

Mailing Address
2101 E EDGEWOOD DR
% JAMES K. SARTAIN
LAKELAND, FL 33803
US

A0038201

2. Principal Place of Business
2413 BAYSHORE DRIVE

3. Mailing Address
2413 BAYSHORE DRIVE

Suite, Apt. #, etc.

#1705

City & State
TAMPA, FLORIDA

Zip Country
33629 USA

4. FEI Number
59-2998729

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

SARTAIN, JAMES K.
2101 E EDGEWOOD DRIVE
LAKELAND, FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)
2413 BAYSHORE DRIVE

#1705

City
TAMPA

FL Zip Code
33629

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)

MARCH 5, 2001

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 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 PD
NAME SARTAIN, JAMES K., JR.
STREET ADDRESS P O BOX 549
CITY-ST-ZIP LADY LAKE, FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS 2413 BAYSHORE DRIVE, #1705
CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

TITLE STD
NAME MILLER, DAVID J.
STREET ADDRESS P O BOX 549
CITY-ST-ZIP LADY LAKE, FL 32159 ☐ Delete

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

TITLE VP
NAME SARTAIN, CHAD W.
STREET ADDRESS P O BOX 549
CITY-ST-ZIP LADY LAKE, FL 32159 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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 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 a similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 5, 2001

Date

813-222-0285

Daytime Phone #

CR2E034 (11/00)