## **2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9900005351  1. Entity Name							_				٠ ;
SOUTHERN TURF NURSERIES OF FLORIDA, L.L.C.							FILED				
Principal Place of Business Mailing Address							00 APR 10 AM 9:20				
Principal Plac	5			CHARL	na may man esa		,				
22193 HIGHWAY 595 ROBERTSDALE AL 36567 ROBERTSDALE AL 36567 ROBERTSDALE AL 36567							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P 22/93	ess Way 59 South	59 South	<del> </del>			<b>    </b>					
Suite, Apt. #, etc.  Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State	& State			ımber		<del></del>	plied For t Applicable	-
Zip Country			Zip	Zip Counti		5. Certificate of Status Desired				itional	1
6. Name and Address of Current Registered Agent					]	7. Name	and Address of New F	legistered Agent	t		]
					- Name						
BEEMAN, STEVE 3869 SOUTH NOVA ROAD SUITE 2 PORT ORANGE FL 32127					Street Address	(P.O. Box Nu	mber is Not Acceptable	9)			1
										•	1
- ON ORDING I E OLIEF								FL 2	Zip Code	e	1
8. The above	named entity	y submits this statement for	r the purpose of ch	nanging its register	red office or registe	ered agent, o	both, in the State of Flo	orida.			
SIGNATURE	Signature lyped	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	ed Agent signature require	ed when reinstating	(1)	DATE	· · · -	<del></del> .	
	aigratore, types	or printed harrie or registered agosic	J. C. D. C.		3				-		1
			l'	FILE NOW!!! Check Payable t	FEE IS \$50.00 to Department						
		MANAGING MEMBE	DO (MEMBERS	10.			ADDITIONS	/CHANGES			$\dashv$
9.	HCD	MANAGING MEMBI		E		ADDITIONS		Change	Addition	18	
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	oodify that the	e information supplied with	this filing does not			Section 119 0	7(3Vi) Florida Statutes	I further certify th	at the in	formation	1
indicatéd	l on this repoi	e information supplied with it is true and accurate and ny or the receiver or trustee	that my signature s	shall have the sam	e legal effect as if	made under	oath; that I am a mana	ging member or r	manage	r of the	1
arrined Na	iomy compai	y or the receiver of trustee	Composition to ex-	Cours and report as	s required by Oridi	J.C. 000, I IUI					
SIGNAT	URE:	//AGN/J	UPF E	E LUNE	mon		44W			. <u></u>	
	<del></del> - , <del>-</del>	SIGNATURE AND TYPED OF PHIL	TED NAME OF SIGNING	MANAGING MEMBER	OR MANAGER		Date	Daytime	Phone #		
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