

2000 UNIFORM BUSINESS REPORT (UBR)

0018023 SP

DOCUMENT # L99000005351

1. Entity Name

SOUTHERN TURF NURSERIES OF FLORIDA, L.L.C.

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

22193 HIGHWAY 595
ROBERTSDALE AL 36567

Mailing Address

22193 HIGHWAY 595
ROBERTSDALE AL 36567

2. Principal Place of Business

22193 Highway 59 South
Suite, Apt. #, etc.

3. Mailing Address

22193 Highway 59 South
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEEMAN, STEVE

3869 SOUTH NOVA ROAD SUITE 2
PORT ORANGE FL 32127

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GRUENLOH, WAYNE
STREET ADDRESS 22193 HIGHWAY 595
CITY-ST-ZIP ROBERTSDALE AL 36567 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Wayne A. Gruenloh

Date

Daytime Phone #

CR2E083 (9/99)