

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90171 020 ****61.25

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1. Entity Name

TURF EQUIPMENT SERVICE TECHNICIANS ASSOCIATION, INC.



Principal Place of Business

**POST OFFICE BOX 623
ESTERO FL 33928**

Mailing Address

**POST OFFICE BOX 623
ESTERO FL 33928**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3438476**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOOPMAN, GEORGE M
797 WALKER BLVD.
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name **NOEL CHANDLER**

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

2220 RIVERS RD

City **NAPLES**

FL

Zip Code **34120**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Noel Chandler

NOEL CHANDLER

2/19/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	TEDESCO, JAMES J	2290 55TH TERRACE SW.	NAPLES FL 34116	<input checked="" type="checkbox"/>
VPD	CHANDLER, NOEL	1855 SOLANA ROAD	NAPLES FL 34103	<input checked="" type="checkbox"/>
SD	COOK, TIM	3170 S. HORSESHOE DRIVE	NAPLES FL 34104	<input checked="" type="checkbox"/>
T	ANDREE, GLEN R	21580 BRIKHAM RUN LOOP	ESTERO FL 33928	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
NOEL CHANDLER	2220 RIVERS RD	NAPLES	FL 34120	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UPD	ROY SNORF	120 18th St	NAPLES FL 34120	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	JOHN PATTERSON	15720 SPRING LING LN	FORT MYERS 33905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glen Andree

2/19/03 (29) 992-7262

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)