

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90052 040 ***150.00

DOCUMENT # P00000085024

1. Entity Name

TURF TAMERS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
488 MANISHA PLACE

Suite, Apt. #, etc.

3. Mailing Address
488 MANISHA PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

4. FEI Number

Applied For

Not Applicable

Zip
34688

Country
USA

Zip
34688

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BEVERLY GREGORY

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

City **TARPON SPRINGS FL**

FL

Zip Code **34688**

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

Beverly Gregory, Secretary

4/19/02

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

(NOTE: Registered Agent signature required when resigning)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	GREGORY, DANA 488 MANISHA PLACE TARPON SPRINGS FL 34688	P	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GREGORY, BEVERLY 488 MANISHA PLACE TARPON SPRINGS FL 34688	S/T	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GRUBB, SHAWN W 2432 SE 5TH CIRCLE #2 OCALA FL 34471	DELETE X	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly Gregory, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

DATE

727 934-9554

Daytime Phone #

CR2E034B (12/01)