

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/27/2000 09:00:00 AM

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90039 008 \*\*\*150.00

**DOCUMENT # P92000007250**

1. Entity Name

**APACHE TURF EQUIPMENT, INC.**

Principal Place of Business

Mailing Address

524 SOUTH MARKET AVENUE  
 FT PIERCE FL 34902  
 US

PO BOX 7605  
 PORT ST LUCIE FL 34985-7605  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0390316**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RINELLI, RICHARD**  
**1585 SE SAXONY ST**  
**PORT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name Tommy Lee Adams  
 Street Address (P.O. Box Number is Not Acceptable)  
10807 Avenida SANTA ANA  
Boca Raton  
 City Boca Raton **FL** Zip Code 33498

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]*

*[Signature]*

**4-21-00**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RINELLI, RICHARD</b>       |  |
| STREET ADDRESS | <b>1585 SE SAXONY ST</b>      |  |
| CITY-ST-ZIP    | <b>PORT ST LUCIE FL 34983</b> |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RINELLI, BARBARA J</b>     |  |
| STREET ADDRESS | <b>1585 SE SAXONY ST</b>      |  |
| CITY-ST-ZIP    | <b>PORT ST LUCIE FL 34983</b> |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>Vice President</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Richard Rinelli</b>         |  |
| STREET ADDRESS | <b>1585 SE Saxony St</b>       |  |
| CITY-ST-ZIP    | <b>Port St Lucie FL 34983</b>  |  |
| TITLE          | <b>PRESIDENT</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Tommy Lee Adams</b>         |  |
| STREET ADDRESS | <b>10807 Avenida SANTA ANA</b> |  |
| CITY-ST-ZIP    | <b>Boca Raton, FL 33498</b>    |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

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 all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-00**

Date

**561-595-6880**

Daytime Phone #

CR2E034 (9/99)