

2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90182-001-\$150.00-\$150.00

DOCUMENT # P94000054731

1. Entity Name

GULF COAST TURF OF FORT MYERS, INC.

FILED

00 MAR -6 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3066 MICHIGAN AVE FT MYERS FL 33916	Mailing Address 3066 MICHIGAN AVE FT MYERS FL 33916-1924
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0510558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, JOSEPHINE
4308 ZANA DRIVE
FT MYERS FL 33916

7. Name and Address of New Registered Agent

Name: **W.B. GREEN**
Street Address (P.O. Box Number is Not Acceptable): **4803 ZANA DR**
City: **FT MYERS** FL Zip Code: **33905**

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: *W.B. Green* (NOTE: Registered Agent signature required when reinstating) DATE: **3-24-2000**

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: PD NAME: HAMILTON, JOSEPHINE STREET ADDRESS: 4308 ZANA DRIVE CITY-ST-ZIP: FT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: GREEN, WILLIE TROY STREET ADDRESS: 1731 RALEIGH STREET CITY-ST-ZIP: FT MYERS FL 33916	<input type="checkbox"/> Delete
TITLE: VPD NAME: JOSEPHINE HAMILTON STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: W.B. GREEN STREET ADDRESS: 4803 ZANA DR CITY-ST-ZIP: FT MYERS FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: JOSEPHINE HAMILTON STREET ADDRESS: 4803 ZANA DR CITY-ST-ZIP: FT MYERS FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *W.B. Green* **WILLIE TROY GREEN** DATE: **3-24-2000** DAYTIME PHONE #: **941 332-0027**