

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90043 016 \*\*\*150.00

DOCUMENT # P94000054731

1. Entity Name

GULF COAST TURF OF FORT MYERS, INC.

Principal Place of Business

3066 MICHIGAN AVE  
FT MYERS FL 33916

Mailing Address

3066 MICHIGAN AVE  
FT MYERS FL 33916

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 65-0510558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, W.B.  
4803 ZANA DRIVE  
FT MYERS FL 33905

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	GREEN, W.B.	4803 ZANA DRIVE	FT MYERS FL 33905				
STD	GREEN, WILLIE TROY	1731 RALEIGH STREET	FT MYERS FL 33916				
VPD	HAMILTON, JOSEPHINE	4803 ZANA DRIVE	FT. MYERS FL 33905				

NORA L Green Edwards  
3349 Lincoln Blvd. S/R/D  
Fort Myers, FL 33916

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)