

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90264 038 ***150.00

DOCUMENT # P95000096954

1. Entity Name
PALM BEACH TURF COMPANY

Principal Place of Business Mailing Address
7128 SE RIVERS EDGE RD 7128 SE RIVERS EDGE RD
JUPITER FL 33458 JUPITER FL 33458

617613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1268 Gallop DRIVE 1268 Gallop DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LOXAHATCHEE, FL LOXAHATCHEE, FL
 Zip Country Zip Country
33470 USA 33470

4. FEI Number **59-3358357** 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

VERGARA, CARLOS M
7128 SE RIVERS EDGE RD
JUPITER FL 33458

Name **WARREN L. PRESCOTT**
 Street Address (P.O. Box Number is Not Acceptable)
1268 Gallop DRIVE
 City **LOXAHATCHEE** FL Zip Code **33470**

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 L Prescott**
 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 ☐ Delete
P
 NAME **VERGARA, CARLOS M**
 STREET ADDRESS **7128 SE RIVERS EDGE RD**
 CITY-ST-ZIP **JUPITER E FL 33458**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D WARREN L. PRESCOTT**
 STREET ADDRESS **1268 Gallop DRIVE**
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☐ Delete
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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: **W L Prescott**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)