

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034780

1. Entity Name

WARREN'S TURF GROUP, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90291 040 \*\*\*150.00

Principal Place of Business

Mailing Address

505 SOUTH FLAGLER AVENUE STE 606  
SUITE 606  
WEST PALM BEACH FL 33401  
US

505 SOUTH FLAGLER AVENUE STE 606  
SUITE 606  
WEST PALM BEACH FL 33401-5945  
US

2. Principal Place of Business

777 S. Flagler Dr.

3. Mailing Address

777 S. Flagler Dr.

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-0659887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME WOERNER, LESTER J  
STREET ADDRESS 505 S FLAGLER DR STE 606  
CITY-ST-ZIP WELLINGTON FL

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 777 S. Flagler Dr., Suite 1100  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE PTD ☐ Delete  
NAME WOERNER, LARRY J  
STREET ADDRESS 505 S FLAGLER DR STE 606  
CITY-ST-ZIP W PALM BCH FL 33401

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 777 S. Flagler Dr., Suite 1100  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME AT  
STREET ADDRESS Steven A Moser  
CITY-ST-ZIP 777 S. Flagler Dr., Suite 1100  
West Palm Beach, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Steven A Moser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

(561) 835-3747

CR2E034 (9/99)