

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010578

1. Entity Name

FLORIDA-GEORGIA TURF FARMS, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90084 035 \*\*\*550.00

Principal Place of Business

Mailing Address

HIGHWAY 27 NORTH  
HAVANA FL 32333

POST OFFICE BOX 444  
HAVANA FL 32333-0444

2. Principal Place of Business

3. Mailing Address

314 W. King Street  
Suite, Apt. #, etc.

Post Office Box 1057  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Quincy, FL

City & State

Quincy, FL

4. FEI Number

59-3424004

Applied For

Not Applicable

Zip

32351

Country

Zip

32353

Country

USA

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

WHIDDON, JAMES  
HIGHWAY 27 NORTH  
HAVANA FL 32333

Name Whiddon, James

Street Address (P.O. Box Number is Not Acceptable)

314 W. King Street

City Quincy

FL

Zip Code 32351

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

James Whiddon

(NOTE: Registered Agent signature required when reinstating)

4-22-00  
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 D ☐ Delete  
NAME WHIDDON, DEBBIE  
STREET ADDRESS POST OFFICE BOX 444 N/A  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☒ Change ☐ Addition  
NAME Whiddon, Debbie  
STREET ADDRESS 314 W. King Street  
CITY-ST-ZIP Quincy, FL 32351

TITLE D ☐ Delete  
NAME WHIDDON, JAMES  
STREET ADDRESS POST OFFICE BOX 444 N/A  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☒ Change ☐ Addition  
NAME Whiddon, James  
STREET ADDRESS 314 W. King Street  
CITY-ST-ZIP Quincy, FL 32351

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

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 life empowered.

SIGNATURE:

Debbie Whiddon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie Whiddon 4-21-00  
Date

850-875-9546  
Daytime Phone #

CR2E034 (9/99)