2000	UNIFORM BUSI	NESS REPO	KT (UBI	4) <u> </u>				
DOCUMENT # P97000049807  1. Entity Name					FILED Mar 17, 2000 8:00 am			
NAVARRI	E TURF, INC.				Secre			
Principal Place	o of Business	Mailing Address				00 90010 02:		
9970 NAVAREE		9950 NAVARRE PKWY. BOX	. 2					
NAVARRE FL 32	2566	NAVARRE FL 32566-3034						
2 Principal P	lace of Business	3. Mailing Address ,			1	1 <b>18</b> 10 <b>18</b> 10 <b>16</b> 10 <b>1</b> 1	<b>510</b> ( <b>0</b> 10) ( <b>1</b> 11) <b>11</b> 1 <b>11</b> 1 ( <b>1</b> 11) ( <b>1</b> 11) <b>11</b> 1	
101 S.E	WALKEDGE DR	101.S.E. WALKEDGE DR.			136   161   1191   11   161   136      	WRITE IN THIS	6870E	(† 1 <b>4.0</b> ) 2001
FT. WALTON BEACH, FL		FT WALTON BEACH, FL			·	WALLE HA LING	<del></del>	policed For
City & State	الم الم المعنوبي المراد المعتمرينيسوالي	City & State	<u> </u>	<u> </u>	4. FEI Number 59-345	4378	No	plied For t'Applicable
32548	<u> </u>	32548	Country	\	5. Certificate of Status Desir		\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of N		Agent	
TERR					A. PALAN	JIAN Stable)		
<del>~ 9950</del>	NAVARRE PKWY, BOX 2 NRRE FL 32508		-97	)T'S	O. Box Number is Not Accept WALKE	DEE DI	<u>e</u>	***
MAY	441L   L 02000		Pity	1./4	Bragu	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.								
The state of the s								
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.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00					10. Election Campaig	gn Financing	 \$5.0	<b>0</b> May Be
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fee v Make Check Payable to De					Trust Fund Contri	bution. [	Added	I to Fees
11.	OFFICERS AND D		12.	r	ADDITIONS/CHANGES TO	OFFICERS ANI		
TITLE NAME	DP PALANJIAN, TERRY A	☐ Delete	TITLE NAME	PALI	ANJIAN, TERM	24 A.	☐ Change	Addition
STREET ADDRESS	53 ROBINWOOD DR NW		STREET ADDRESS CITY-ST-ZIP		GE WALKEDGE I NALTON BEAC		32548	2
CITY-ST-ZIP TITLE	FT. WALTON BEACH FL 32548  DST	Delete	TITLE	KCT		7—	☐ Change	Addition
NAME	PALANJIAN, LISA S	<u> </u>	NAME	LIST	7 S. PALANJ WALKEDGE I IALTON BEA	TAN	_ ,	_
STREET ADDRESS CITY-ST-ZIP	53 ROBINWOOD DR NW	•	STREET ADDRESS CITY-ST-ZIP	10.15	WALKEDGE L	OR FI	2254	R
TITLE	FT. WALTON BEACH FL 32548	□ Delete	TITLE	TIN	IALION ULA	<u>CH, 1 C</u>	☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	 				
TITLE		Delete	TITLE	<del>                                     </del>			☐ Change	Addition
NAME			NAME	ļ				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	<del>_</del>	☐ Delete	TITLE				Change	☐ Addition
NAME	,		NAME					
Street Address City-St-Zip			STREET ADORESS CITY-ST-ZIP					<u> </u>
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
name Street address		•	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
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   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 of justee 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 PHINTED NAME OF SIGNING OFFICE OR DIRECTOR Date Dayline Phone #								