

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078356

1. Entity Name

BALDWIN TURF, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90017 016 ***150.00

Principal Place of Business

Mailing Address

1480 HICKORY ST
NICEVILLE FL 32578
US

1480 HICKORY ST
NICEVILLE FL 32578-9760
US

2. Principal Place of Business

1440 LIVE OAK ST
Suite, Apt. #, etc.

3. Mailing Address

1440 LIVE OAK ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NICEVILLE FL

City & State

NICEVILLE FL

4. FEI Number

59-3467894

Applied For

Not Applicable

Zip

Country

Zip

Country

32578 OKALOOSA

32578 OKALOOSA

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

NEWTON, MITCHELL
115-D N.W. RACETRACK RD.
FT. WALTON BEACH FL 32547

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 ☐ Delete
NAME D
STREET ADDRESS HERNDON, D T
CITY-ST-ZIP 4502 HIGHWAY 20 EAST
NICEVILLE FL 32578

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NEWTON, MITCHELL
CITY-ST-ZIP 115-D N.W. RACETRACK RD.
FT. WALTON BEACH FL 32547

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

TITLE ☒ Delete
NAME D
STREET ADDRESS BARNICOAT, RON
CITY-ST-ZIP 1480 HICKORY ST
NICEVILLE FL 32578

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LADD, DAVID
CITY-ST-ZIP 1440 LIVE OAK ST
NICEVILLE FL 32578

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: David C Ladd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C LADD

Date

3-13-00 (850) 897-9060

Daytime Phone #