

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103558

1. Entity Name

PONTE VEDRA TURF TAMERS, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90052 050 \*\*\*150.00

Principal Place of Business

Mailing Address

200 EXECUTIVE WAY. STE. 107  
PONTE VEDRA BEACH FL 32082

200 EXECUTIVE WAY. STE. 107  
PONTE VEDRA BEACH FL 32082-2711

2. Principal Place of Business

3621 St. Augustine Rd.  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 10  
Suite, Apt. #, etc.

City & State  
TAX FL

City & State  
Ponte Vedra Beach FL

4. FEI Number 65-0766329

Applied For  
Not Applicable

Zip 32207

Country USA

Zip 32004

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

BISCHOFF, CYNTHIA A  
3959 SE SR 21  
KEYSTONE HEIGHTS FL 32656

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 *Cindy Bischoff*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/00

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 DP  
NAME SBARRO, FRANK  
STREET ADDRESS 309 SAWMILL LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE DV  
NAME BISCHOFF, ALAN A SR  
STREET ADDRESS 3959 SE SR 21  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE DVT  
NAME BISCHOFF, CYNTHIA A  
STREET ADDRESS 3959 SE SR 21  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00

(352)475-1654

CR2E034 (9/99)