## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000103558

3959 SE SR 21

KEYSTONE HEIGHTS, FL 32656

Address: City-St-Zip:

Entity Name: PONTE VEDRA TURF TAMERS, INC.

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3621 ST AUGUSTINE RD 09 SAWMILL LANE JACKSONVILLE, FL 32207 PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** PO BOX 10 PONTE VEDRA BCH, FL 32004 FEI Number: 65-0766329 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BISCHOFF, CYNTHIA A SBARRO, FRANK E 3959 SE SŔ 21 309 SAWMILL LANE KEYSTONE HEIGHTS, FL 32656 US PONTE VEDRA BEACH, FL 32082 US 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: FRANK E. SBARRO 05/01/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SBARRO, FRANK Name: Name: 309 SAWMILL LANE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: DV (X) Delete Title: () Change () Addition Name: BISCHOFF, ALAN A SR Name: 3959 SE SR 21 Address: Address: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: City-St-Zip: Title: Title: DVT (X) Delete () Change () Addition BISCHOFF, CYNTHIA A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FRANK E. SBARRO DP 05/01/2002