

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90137 036 ***150.00

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1. Entity Name

PONTE VEDRA TURF TAMERS, INC.



Principal Place of Business

09 SAWMILL LANE

PONTE VEDRA BEACH FL 32082

Mailing Address

PO BOX 10

PONTE VEDRA BCH FL 32004

60013264



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

445 TRESKA ROAD

3. Mailing Address

PO BOX 10

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

PONTE VEDRA BEACH

City & State

JACKSONVILLE FLA.

City & State

FLORIDA

Zip

32225

-Country-

USA

Zip

32004

Country

USA

4. FEI Number

65-0766329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SBARRO, FRANK E

309 SAWMILL LANE

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Thomas Johnson
NAME Vice President
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VOID

TITLE Thomas Johnson
NAME
STREET ADDRESS 621 STAFFORDSHIRE DRIVE
CITY-ST-ZIP JACKSONVILLE, FLA. 32225 ☐ Change ☒ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

FRANK SBARRO President

904 759 3803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)