

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104445

1. Entity Name

AMERICAN TURF EQUIPMENT CO., INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90093 043 ***150.00

Principal Place of Business

Mailing Address

2601 E HENRY AVE

2601 E HENRY AVE

DO TAMPA FL 33616

B6

TAMPA FL 33610-4496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3479615**

Applied For

Not Applicable

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

BALULIS, EDWARD C
SANDLEWOOD DR BLDG 12
#202
WILDWOOD FL 32785

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above name is a statement for the purpose of the registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name.

(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 **V**
STREET ADDRESS **FOSTER, DENNIS R**
CITY-ST-ZIP **1505 LORETTA CT**
BRANDON FL 33511

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BALULIS, EDWARD**
CITY-ST-ZIP **SANDALWOOD DR, BLDG 12 #202**
WILDWOOD FL 32785

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **YARBOROUGH, PATRICK**
CITY-ST-ZIP **1902 WALLACE RD**
LUTZ FL 33549

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
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CITY-ST-ZIP

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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick C. Yarbrough 3/17/00

Date

Daytime Phone #

813-236-8800

CR2E034 (9/99)