

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90181 035 \*\*\*150.00

**DOCUMENT # P99000037230**

1. Entity Name  
**PASPALUM TURF INC.**

Principal Place of Business

Mailing Address

**3523 24TH STREET SE  
 RUSKIN FL 33570**

**3523 24TH STREET SE  
 RUSKIN FL 33570-6329**

**80020766**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1401 NO. Tamiami Trail**

**1401 NO. Tamiami Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 1414**

**P.O. Box 1414**

City & State

City & State

**Ruskin Fl.**

**Ruskin, Fl.**

4. FEI Number

**59-3573687**

Applied For

Not Applicable

Zip

Country

**33570 Hillsborough**

Zip

Country

**33570 Hillsborough**

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

**COUNCIL, DAVID P  
 3523 24TH STREET SE  
 RUSKIN FL 33570**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COUNCIL, DAVID P</b>	
STREET ADDRESS	<b>3523 24TH STREET SE</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, JAMES F</b>	
STREET ADDRESS	<b>3523 24TH STREET SE</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COUNCIL, TRAVIS D</b>	
STREET ADDRESS	<b>3523 24TH STREET SE</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anderson, James F.</b>	
STREET ADDRESS	<b>3941 24th St. S.E.</b>	
CITY-ST-ZIP	<b>Ruskin, Fl. 33570</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Council, Travis D</b>	
STREET ADDRESS	<b>3935 24th St. S.E</b>	
CITY-ST-ZIP	<b>Ruskin, Fl. 33570</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/00**

CR2E034 (9/99)