

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000037230**

1. Entity Name

PASPALUM TURF INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90160 008 ***150.00

Principal Place of Business

1401 NO. TAMiami TRAIL
P.O. BOX 1414
RUSKIN FL 33570

Mailing Address

1401 NO. TAMiami TRAIL
P.O. BOX 1414
RUSKIN FL 33570

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 **59-3573687**

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

COUNCIL, DAVID P
3523 24TH STREET SE
RUSKIN FL 33570Name **James F. Anderson**Street Address (P.O. Box Number is Not Acceptable)
3941 24th St., SECity **Ruskin**

FL

Zip Code
33570

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

James F. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	COUNCIL, DAVID P	3523 24TH STREET SE RUSKIN FL 33570	<input checked="" type="checkbox"/>						
	D	ANDERSON, JAMES F	3941 24TH ST. S.E. RUSKIN FL 33570	<input type="checkbox"/>						
	D	COUNCIL, TRAVIS D	3935 24TH ST S.E. RUSKIN FL 33570	<input checked="" type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

813-645-6911

Daytime Phone #

CR2E034 (10/00)