

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S82420**

1. Entity Name

DIAMOND TURF EQUIPMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -7 AM 11:36

Principal Place of Business

1911 N.W. 32ND STREET
POMPANO BEACH FL 33064

Mailing Address

1911 N.W. 32ND STREET
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
DO NOT WRITE IN THIS SPACE
4. PER Number 65-0297169

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDKIN, MONTE
7900 GLADES ROAD
SUITE 400
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Monte Friedkin

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

6300 Park of Commerce Blvd.

City
Boca Raton

FL

Zip Code
33487

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD
NAME UTLEY, BRIAN
STREET ADDRESS 1911 N.W. 32ND STREET
CITY-ST-ZIP POMPANO BEACH FL 33064 ☒ Delete

TITLE ST
NAME BRANDON, MICHAEL N
STREET ADDRESS 1911 N.W. 32ND STREET
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE D
NAME FRIEDKIN, MONTE
STREET ADDRESS 7900 GLADES ROAD, #400
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE D
NAME FRIEDKIN, LORA
STREET ADDRESS 7900 GLADES ROAD, #400
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003482042--1
-11/30/00--01106--001
****750.00 ****750.00

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

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

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

Date

Daytime Phone #

CR2034 (5/00)