

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J38494

Entity Name

& TURF SPORTSWEAR, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90046 010 ***150.00

Principal Place of Business

10414 FRONT BEACH ROAD
NORTH OCEAN BLVD.
CITY BEACH FL 32407

Mailing Address

10414 FRONT BEACH ROAD
3412 NORTH OCEAN BLVD.
PANAMA CITY BEACH FL 32407-3511
US

Principal Place of Business

10414 FRONT BEACH RD

Suite, Apt. #, etc.

3. Mailing Address

10414 FRONT BEACH RD

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

Zip

32407

Country

FLA

City & State

PANAMA CITY BEACH FL

Zip

32407

Country

FLA

4. FEI Number

59-2735217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAIBACH, RONALD

10414 FRONT BEACH ROAD

PANAMA CITY BECH FL 32407

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME STREET ADDRESS CITY-ST-ZIP	DP HAIBACH, RONALD 3412 NORTH OCEAN BLVD. FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 850 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)