



FILED & RECORDED
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File Number: 112-2021-000287
Jennifer Jordan
Pickens County Clerk of Superior Court

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Charles Cruthirds 850-479-4653 X-1229
B. E-MAIL CONTACT AT FILER (optional) Ccruthirds@JERRYPATE.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> JERRY PATE TURF & IRRIGATION, INC ATTN: Charles Cruthirds 301 SCHUBERT DRIVE PENSACOLA, FL 32504 </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME BIG CANOE PROPERTY OWNERS ASSOCIATION, INC			
OR	1b. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 10586 BIG CANOE		CITY JASPER	STATE POSTAL CODE COUNTRY GA 30143 USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME BIG CANOE GOLF CLUB			
OR	2b. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 10586 BIG CANOE		CITY JASPER	STATE POSTAL CODE COUNTRY GA 30143 USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME JERRY PATE TURF & IRRIGATION, INC			
OR	3b. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 301 SCHUBERT DRIVE		CITY PENSACOLA	STATE POSTAL CODE COUNTRY FL 32504 USA

4. COLLATERAL: This financing statement covers the following collateral:

ALL INVENTORY AND EQUIPMENT AS DEFINED BELOW OF DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED FROM JERRY PATE TURF & IRRIGATION, INC. "INVENTORY" AND "EQUIPMENT", AS USED HEREIN, SHALL MEAN ALL GOODS AND MERCHANDISE NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR HELD FOR USE, SALE, LEASE, OR DEMONSTRATION PURPOSES BEARING THE BRAND NAMES "TORO", "ECHO", "SHINDAIWA", "CLUB CAR", "SUBARU", "VENTRAC", "FOLEY", "SALSCO", "HARPER" AND/OR ANY OTHER BRAND NAME OR LABEL INDICATING MANUFACTURER BY OR ON BEHALF OF SECURED PARTY, TOGETHER WITH ACCOUNTS RECEIVABLE AND OTHER PROCEEDS RESULTING FROM THE SALE OF INVENTORY OR EQUIPMENT.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Ballor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	