2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # H06548** Jun 02, 2000 8:00 am 1. Entity Name **Secretary of State** WEST COAST GOLF CARS, INC. 06-02-2000 90019 001 ***158.75 Mailing Address Principal Place of Business 120 S. PEBBLE BEACH BLVD. 120 S. PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573-5719 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2413935. Not Applicable Country \$8.75 Additional Zip Country Z 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, STUART M. Street Address (P.O. Box Number is Not Acceptable) 120 S. PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete ANDERSON, L M NAME STREET ADDRESS 761 CORAL REEF DR #8 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TAMPA FL Addition TITLE ☐ Delete TITLE ANDERSON, STUART NAME NAME STREET ADDRESS 4206 3918 SAN PEDRO ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Addition Delete TITLE TITLE ANDERSON, LAURA MCCLAIN NAME NAME STREET ADDRESS 761 CORAL REEF DR #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Delete TITLE TITLE NAME ANDERSON, ALEXIS NAME STREET ADDRESS 3918 SAN PEDRO ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33629** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. I hereby certify that the information supplied with this filling 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 furstee 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.