

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90334 007 ***150.00

DOCUMENT # J85101

1. Entity Name

A-GOLF CARTS, INC.

Principal Place of Business

Mailing Address

18451 N TAMiami TR.
N. FT MYERS FL 33903

18451 N TAMiami TR.
N. FT MYERS FL 33903-1396

2. Principal Place of Business

18251 N. TAMiami TR.
Suite, Apt. #, etc.

3. Mailing Address

18251 N. TAMiami TR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
N. FT MYERS, FL
Zip
33903
Country
USA

City & State
N. FT MYERS, FL
Zip
33903
Country
USA

4. FEI Number 65-0166516

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

EBENGER, FRANCES
14880-1 SUMMERLIN WOODS
FT. MYERS FL 33919

Name

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

City

FL

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

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
LYNCH, LINDA
4902 SW 27TH PL
CAPE CORAL FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
NORMAN TRICKST PARKWAY
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BELLOTTIE, ROSELLA J
111 SE 40TH ST
CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
CHRIS FRICKATER
12190 S 12th
CAPE CORAL, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

4/29/00 (941) 731 7400

CR2E034 (9/99)