

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90004 041 \*\*\*150.00

**DOCUMENT # P00000064794**

1. Entity Name

**GOLF CART CONNECTION, INC.**

Principal Place of Business

9514 LAVILL COURT  
WINDERMERE FL 347861125 ROBIE AV  
MT. DORA, FL 32757

Mailing Address

9514 LAVILL COURT  
WINDERMERE FL 347861125 ROBIE AV.  
MT. DORA, FL 32757

2. Principal Place of Business

1125 ROBIE AV

3. Mailing Address

1125 ROBIE AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MOUNT DORA, FL

City &amp; State

MOUNT DORA FL

Zip

Country

32757

USA

Zip

Country

32757

USA

4. FEI Number

59-2656649

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

SWART, HARRY J  
717 E. OAK STREET  
KISSIMMEE FL 34744Name **LES LEVY**

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

9514 LAVILL CT.

City **WINDERMERE**

FL

Zip Code  
**34786**

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

3-16-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	LEVY, LESTER	
STREET ADDRESS	9514 LAVILL COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, JUDY L	
STREET ADDRESS	9514 LAVILL COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, JASON	
STREET ADDRESS	9514 LAVILL COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1815 CHERRY LN	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

LES LEVY

3-16-01

Date

352-383-4653

Daytime Phone #

CR2E034 (10/00)