

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90464 026 \*\*\*150.00

**DOCUMENT # P93000002917**

1. Entity Name  
**GOLF CARRIAGES OF GAINESVILLE, INC.**

Principal Place of Business 1500 COLONIAL BLVD SUITE 103 FT MYERS FL 33907	Mailing Address 1500 COLONIAL BLVD SUITE 103 FT MYERS FL 33907-1025
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2. Principal Place of Business 17135 Jean St	3. Mailing Address 17135 Jean St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Myers, FL	City & State Ft Myers, FL	4. FEI Number 65-0508205	Applied For Not Applicable
Zip 33912	Country USA	Zip 33912	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILLIGAN, JOHN P JR 1500 COLONIAL BLVD SUITE 103 FT MYERS FL 33907	7. Name and Address of New Registered Agent Name: Roger E Brownell Street Address (P.O. Box Number is Not Acceptable): 17135 Jean St City: Ft Myers FL Zip Code: 33912
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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: R E Brownell DATE: 4/17/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>D</b> <b>BROWNELL, ROGER E</b> 15370 KILBIRNIE DR FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWNELL, DIAN L</b> 15370 KILBIRNIE DRIVE FT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWNELL, JASON E</b> 2311 S 5TH ST APT 111 AUSTIN TX 78704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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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TITLE 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

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: R E Brownell DATE: 4/17/00 Daytime Phone #: 941-267-8555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger E Brownell

CR2E034 (9/99)