

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002917

1. Entity Name

GOLF CARRIAGES OF GAINESVILLE, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90464 026 ***150.00

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

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

Roger E Brownell

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

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

TITLE ☐ Delete
NAME BROWNELL, ROGER E
STREET ADDRESS 15370 KILBIRNIE DR
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Delete
NAME BROWNELL, DIAN L
STREET ADDRESS 15370 KILBIRNIE DRIVE
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Delete
NAME BROWNELL, JASON E
STREET ADDRESS 2311 S 5TH ST APT 111
CITY-ST-ZIP AUSTIN TX 78704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Roger E Brownell

4/17/00

Date

941-267-8555

Daytime Phone #

CR2E034 (9/99)