5/22/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2000 8:00 am
Secretary of State

05-22-2000 90155 042 ***150.00

DOCUMENT # P96000103109

1. Entity Name: Florida Southern Golf Carts, Inc.

Principal Place of Business (Former Address): 7059 S. Broad St. Brooksville, Fl 34601

Mailing Address: Former Address P.O Box 415 Odessa, Fl 33556

306551

2. ~~Principal Place of Business~~ Address: 1150 Ponce De Leon Blvd
Suite, Apt. #, etc.

3. Mailing Address: (Same)
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Brooksville, Fl

City & State:

4. FEI Number: 59-342-1736 — Applied For / Not Applicable

Zip: 34601 — Country: USA

Zip: — Country:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAD MOORE
1071 Candlelight Blvd.
Apt. J 146
Brooksville, Fl 34601

7. Name and Address of New Registered Agent

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: Chad Moore, President — 4-28-00
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

TITLE	President ☐ Delete
NAME	Chad Moore
STREET ADDRESS	1071 Candlelight Blvd, Apt. J146
CITY-ST-ZIP	Brooksville, Fl 34601
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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: 4-28-00 352-796-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #