5/22/0

FILED
Jun 22, 2000 8:00 am
Secretary of State
05-22-2000 90155 042 ***150.00

306551

DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103109

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

Principal Place of Business	Mailing Address
(Former Address) 7059 S. Broad St. Brooksville, Fl 34601	Former Address P.O Box 415 Odessa, Fl 33556

2. ~~Principal Place of Business~~ New Correct Address	3. Mailing Address
1150 Ponce De Leon Blvd	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville, Fl	City & State:
Zip: 34601 Country: USA	Zip: Country:

4. FEI Number: 59-342-1736 ☐ 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
CHAD MOORE	Name
1071 CandleLight Blvd.	Street Address (P.O. Box Number is Not Acceptable)
Apt. J 146	
Brooksville, Fl 34601	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 DATE: 4-28-00
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. (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	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Chad moore	NAME	
STREET ADDRESS	1071 Candlelight Blvd, Apt. J 146	STREET ADDRESS	
CITY-ST-ZIP	Brooksville, Fl 34601	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	[illegible]	NAME	
STREET ADDRESS	[illegible]	STREET ADDRESS	
CITY-ST-ZIP	[illegible]	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4-28-00 352-796-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #