

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103109

1. Entity Name

FLORIDA SOUTHERN GOLF CARTS, INC. ✓

Principal Place of Business

Mailing Address

1150 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601

1150 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601

2. Principal Place of Business

1080 PONCE DE LEON BLVD
Suite, Apt. #, etc.

3. Mailing Address

1080 PONCE DE LEON BLVD
Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

4. FEI Number

59-3421736

Applied For

Not Applicable

Zip

Country

34601

USA

Zip

Country

34601

USA

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

MOORE, CHAD

1150 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601

Name

MOORE, CHAD

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

1080 PONCE DE LEON BLVD

City

BROOKSVILLE

FL

Zip Code

34601

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

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 ☐ Delete
NAME MOORE, CHAD
STREET ADDRESS 1150 PONCE DE LEON BLVD
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☒ Change ☐ Addition
NAME MOORE, CHAD
STREET ADDRESS 1080 PONCE DE LEON BLVD
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

CHAD MOORE

4/4/01

Date

352-796-0403

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90930 001 ***150.00

CU058541

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)