

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011648

DOCUMENT # P98000089521

1. Entity Name  
**CRAIG CARTER GOLF CARS INC.**

FILED

00 SEP 25 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**2626 NE 30 AVENUE  
GAINESVILLE FL 32609**

Mailing Address  
**P.O. BOX 5011  
GAINESVILLE FL 32609**

2. Principal Place of Business  
**4501 NW 6 St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4501 NW 6 St.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Gainesville, FL**  
Zip  
**32609**

City & State  
**Gainesville, FL**  
Zip  
**32609**

4. FEI Number **59-3588574**

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

**CARTER, CRAIG**  
**2626 NE 30 AVENUE** **4501 NW 6th St**  
**GAINESVILLE FL 32609**

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 *Craig Carter* **Craig Carter President** **9/8/2000**  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **P** ☐ Delete  
NAME **CARTER, CRAIG**  
STREET ADDRESS **2626 NE 30 AVE** **4501 NW 6th St**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

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  
**4000003415984--4**  
**-10/05/00--01124--011**  
**\*\*\*\$550.00 \*\*\*\$550.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

*Craig Carter* **Craig Carter President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/00** **352-371-9349**  
Date Daytime Phone #

CP 1E034 15/00