

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094267

1. Entity Name

SOUTH FLORIDA GOLF CAR SERVICE INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90239 017 ***150.00

Principal Place of Business

Mailing Address

1696 NW 36 COURT
OAKLAND PARK FL 33309

1696 NW 36 COURT
OAKLAND PARK FL 33309-5812

2. Principal Place of Business

1696 NW 36 CT

Suite, Apt. #, etc.

3. Mailing Address

1696 NW 36 COURT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK, FL

Zip

33309

Country

BROWARD

City & State

OAKLAND PARK, FL

Zip

33309

Country

Broward

4. FEI Number

65-0958901

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUTHARDS, KATHLEEN
1696 NW 36 COURT
OAKLAND PARK FL 33309

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

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 OWNER/OPERATOR ☐ Delete
NAME GENE L. SOUTHARDS JR
STREET ADDRESS 1696 NW 36 COURT
CITY-ST-ZIP OAKLAND PARK, FL 33309-5812

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

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

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

Date

Daytime Phone #

Gene L. Southards Jr. 4/20/00 954-735-2772

CR2E034 (9/99)