

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002751

1. Entity Name

CAROUSEL INTERNATIONAL CORPORATION

FILED

00 JUL 20 AM 8:37

Principal Place of Business

Mailing Address

EAST EIGHTH STREET  
MO 65026

% P.O. BOX 307  
ELDON MO 65026

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 43-0974678

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	VEATCH, NORWOOD SR	
STREET ADDRESS	35 BEACH CLUB	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE	V	<input type="checkbox"/> Delete
NAME	VEATCH, STEVEN	
STREET ADDRESS	35 BEACH CLUB	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE	P	<input type="checkbox"/> Delete
NAME	VEATCH, BRAD E	
STREET ADDRESS	111 N. AURORA	
CITY-ST-ZIP	ELDON MO 65026	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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\*\*\*150.00 \*\*\*150.00

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

5/31/00 573-38712  
Daytime Phone #



# CAROUSEL®

## International Corporation

P.O. Box 307, Eldon, MO 65026 • 573/392-7122 • FAX: 573/392-7125

July 25, 2000

Kathy Ashton  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: F95000002751, FEIN #43-0974678

Dear Ms. Ashton:

As per our telephone conversation of this date, I am enclosing our payment in the amount of \$150.00 for our annual uniform business report filing. As this amount was previously cashed by the Department of Revenue in error, I request that the \$400 late filing fee be waived by your office. Your previous research of this payment should indicate our attempt to comply with your departments requirements, and hope you will graciously waive this late fee.

Your time and research in helping me get this matter cleared up is greatly appreciated.

Sincerely,

Carousel International Corporation

Mary Jane Halderman  
Office Manager