

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G36984

1. Entity Name

COUNTRY CAROUSEL, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90080 003 ***158.75

Principal Place of Business

Mailing Address

2600 BRITT RD
P.O. BOX 1486
MT DORA FL 32756
US

PO BOX 1486
P.O. BOX 1486
MT DORA FL 32756-1486
US

2. Principal Place of Business

436 E. FIFTH AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1483

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MT DORA FL

City & State

MT DORA

4. FEI Number

59-2383474

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32756

Country

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

HENSINGER, MARGARET E.
2600 BRITT ROAD
MOUNT DORA FL 32756

Name

WILLIAM C PIXLEY

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

436 E. FIFTH AVENUE

City

MOUNT DORA

FL

Zip Code

32757

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 WILLIAM C PIXLEY

Signature, typed or printed name of registered agent and title if applicable.

[Handwritten Signature]

4-23-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HENSINGER, MARGARET E P.O. BOX 1483 MT. DORA FL 32756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WILLIAM C PIXLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2000

Date

407-886-7819

Daytime Phone #

CR2E034 (9/99)