

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K08952**

1. Entity Name

CAROUSEL OF MERRITT ISLAND, INC.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90083 019 ***150.00

Principal Place of Business

C/O JOHN FEHRIBACH
1070 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953

Mailing Address

C/O JOHN FEHRIBACH
1070 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953**901932**

2. Principal Place of Business

1070 N. COURTENAY PKWY
Suite, Apt. #, etc.

3. Mailing Address

1355 S. US 1
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND FL

City & State

ROCKLEDGE FL

Zip

32953

Country

Zip

32955

Country

4. FEI Number

59-2871523

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, GEORGE M.
1070 N. COURTENAY PWY
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

FOSTER, GEO M.
Street Address (P.O. Box Number is Not Acceptable)**5805 N. BANANA RIVER DR #1111**

City

CAPE CANAVERAL**FL**

Zip Code

32920

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KEPPEN, STEVE P.**
STREET ADDRESS **5 FLORIDA AVE**
CITY-ST-ZIP **COCOA FL**TITLE **D** ☐ Delete
NAME **FOSTER, GEORGE**
STREET ADDRESS **5800 N. BANANA RIV BLD**
CITY-ST-ZIP **CAPE CANAVERAL FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KEPPEN, STEVEN P.**
STREET ADDRESS **11420 S. TROPICAL TR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**TITLE **D** ☐ Change ☐ Addition
NAME **FOSTER, GEO M.**
STREET ADDRESS **5805 N BANANA RIVER BLVD #1111**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

George M. Foster **GEORGE M. FOSTER**

Date

1-20-01

Daytime Phone #

321-236-7196

CR2E034 (10/00)