

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0057477

DOCUMENT # N00000002153

1. Entity Name

INTERNATIONAL INDEPENDENT SHOWMEN'S MUSEUM CORPO

04-03-2001 90092 033 ****70.00

Principal Place of Business

Mailing Address

6915 RIVERVIEW DRIVE
 RIVERVIEW FL 33569

6915 RIVERVIEW DRIVE
 RIVERVIEW FL 33569

C0040867



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 188

Gibsonton,

City & State

City & State

FL

4. FEI Number

59-3658955

Applied For

Not Applicable

Zip

Country

Zip

Country

33534

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

MCEWEN, DAVID B
150 SECOND AVENUE NORTH
SUITE 1500
ST. PETERSBURG FL 33701

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
PD CARLTON, LARRY J.
 STREET ADDRESS **6915 Riverview DR.**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
VD STARKEY, DAVID
 STREET ADDRESS **6915 Riverview DR.**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
S/TO LARKEE, BARBARA J.
 STREET ADDRESS **6915 Riverview DR.**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Carlton

Date

9/16/01

Daytime Phone #

813-677-3590

CR2E037 (10/00)