

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N03000004410**

1. Entity Name  
**CAROUSEL INDUSTRIAL PARK ASSOCIATION, INC.**



Principal Place of Business  
**3300 BOBBI LANE  
TITUSVILLE, FL 32780**

Mailing Address  
**3300 BOBBI LANE  
TITUSVILLE, FL 32780**

**REINSTATEMENT**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004

REIN-NP

CR2E099 (8/04)

4. FEI Number

**37-1498390**

Applied For

Not Applicable

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

**UPTHEGROVE, EDWIN E  
3300 BOBBI LANE  
TITUSVILLE, FL 32780**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edwin E. Uptegrove*

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

(NOTE: Registered Agent signature required when reinstating)

**10-20-04**

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2005, Fee will be \$297.50

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
UPTHEGROVE, EDWIN E  
3300 BOBBI LANE  
TITUSVILLE, FL 32780** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600042247666  
10/27/04--01040--011 \*\*\$245.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DENSMORE, RUTH  
390 MILFORD POINT RD.  
MERRITT ISLAND, FL 32952** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EVANS, JOHN H  
1702 S. WASHINGTON AVE.  
TITUSVILLE, FL 32780** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
UPTHEGROVE, EDWIN E  
3300 BOBBI LANE  
TITUSVILLE, FL 32780** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Edwin E. Uptegrove* **Edwin E. Uptegrove**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-20-04**