FILED

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

## Mar 08, 2001 8:00 am DOCUMENT # N17645 **Secretary of State** 1. Entity Name 03-08-2001 90109 026 \*\*\*\*61.25 FUN WORLD CLOWN ALLEY, INC. Principal Place of Business Mailing Address -2321 PLEACANT DRIVE 8708 Black Crea LONGWOOD FL 32778 Orlando, JR 32829 2221 PLEASANT DRIVE LONGWOOD FL 32779 2. Principal Place of Business CHURCH 3. Mailing Address 8708 Black Creek Blod huthern Keformation ≨uité, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ORLANDO Michiga City & State City & State 4. FEI Number Applied For FLA 59-2764173 rlando Not Applicable Country CR: ANGE Country \$8.75 Additional 5. Certificate of Status Desired 2829 UNANGE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Blaine Street Address (P.O. Box Number is Not Acceptable) OUTEN, JAMES W 1112 W. SEAGATE DR **DELTONA FL 32729** CHORLANDO 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 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD TITLE TITLE PID ☐ Addition Delete Change MARK CULBERSON OBRIEN, BETH NAME NAME RII MARGO LN STREET ADDRESS 1170 BUTTONWOOD CIR. STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP LORA WOOD V/D TITLE Delete TIT) F ☐ Addition COLON, BARBARA DAVID RAIZOR NAME STREET ADDRESS STREET ADDRESS 156 CORAL REEF CIR 2548 TRYON CITY-ST-ZIP CITY-ST-ZIP UINDER MERE, FI 34786 KISSIMMEE FL 34743 TITLE Delete T/D' TITLE ■ Addition DAVID Gold NAME OUTEN, JAMES W NAME Po Box 2294 Goldenrod Fl 32733 STREET ADDRESS 1112 W. SEAGATE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 TITLE Delete TITLE RAIZOR, DAVID Blaine HENRY NAME NAME CREEK BIND STREET ADDRESS STREET ADDRESS 8766 Black ORLANDO 2548 TRYON PLACE CITY-ST-ZIP CITY-ST-7IP WINDERMERE FL 34786 TITLE Delete TITLE $\mathcal{P}_{\mathcal{P}/\mathcal{D}}$ ROBERT Johnson PO Bet 160142 NAME NAME STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS F1. 32716 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE**