

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

0068528

DOCUMENT # N17645

1. Entity Name

FUN WORLD CLOWN ALLEY, INC.

02-03-2002 90008 039 ****61.25

Principal Place of Business REFORMATION LUTHER CHURCH 830 MICHIGAN AVENUE ORLANDO FL 32806	Mailing Address 8708 BLACK CREEK BLVD. ORLANDO FL 32829
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2764173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAINE, HERNY
8708 BLACK CREEK BLVD.
ORLANDO FL 32829

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: -FEE IS \$61.25-

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULBERSON, MARK 811 MARGO LANE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAIZOR, DAVID 2548 TRYON PLACE WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLD, DAVID P.O. BOX 2244 GOLDENROD FL 32733	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAIRE, HERNY 8701 BLACK CREEK BLVD. ORLANDO FL 32829	<input type="checkbox"/> Delete <i>Correct spelling of name & address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD JOHNSON, ROBERT P.O. BOX 160142 ALTAMONTE SPRINGS FL 32716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REFORMATION LUTHER CHURCH 830 MICHIGAN AVENUE ORLANDO FL 32806	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wendell Outen 1112 West Seagate Dr Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROL MEYER 1164 GALLAHAD CASSELBERRY FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Blaine HERNY 8708 Black Creek Blvd ORLANDO, FL 32829	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>name</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Blaine HERNY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-02 **407-739-6849**
 Date Daytime Phone #

CR2E037 (9/01)