NOT-FOR-PROFIT CORPORATI UNIFORM BUSINESS REPORT (UBR)	N 060	
DOCUMENT # N23783		FILE	
ORLANDO CARNIVAL ASSOCIATION	in ine.	02 DEC 18 PM	2: 16
	, .	TALLAHASSEE.	STALE FLORIDA
DO NOT WRITE IN THIS SPA	ACE		ની
2. Principal Place of Business Clo ALLAN HARRIS (SEC.) ORLANDO CARNI	VAL ASSOC, IN		
Suite, Apt. #, etc. Suite, Apt. #, etc. PO. BOX 680	a45	DO NOT WRI	TE IN THIS SPACE
City & State City & State	_	4. FEI Number	Applied For Not Applicable
UN-F(I)	ORDA Country	59-2776939	_ \$8.75 Additional
32808 U. S.A. 52868-0945	ũ.'≤. A.	5. Certificate of Status Desired	Fee Required
	Name	7. Name and Address of Curren	
DO NOT WRITE	SHIRLAN	IE HENDRICKSON P.O. Box Number is Not Acceptable	N - THOMAS
	1320	TALL MAPLE L	DOP
IN THIS SPACE			Zin Code
	City		FL 32765
8. The above named entity submits this statement for the purpose of changing its reg	gistered office or registe	red agent, or both, in the state of Fi	orida.
			mlin /nn/ n
SIGNATURE SIGNATURE		N- THOMAS (RESIDEN)10/22/02
Signature. typed or printed name of registered agent and title if applicable. (NOTE: Re	HENDLICKSO egistered Agent signature require		T)10/22/02
Signature. typed or printed name of registered agent and title if applicable. (NOTE: Re	agistered Agent signature require	when reinstating) \$5.00 May Be	ake Check Payable to
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	agistered Agent signature require	when reinstating) \$5.00 May Be	DATE
FEE IS \$61.25 Initial or Amended UBR NOTE: Reserved agent and title if applicable. (NOTE: Reserved agent	agistered Agent signature require	when reinstating) \$5.00 May Be	ake Check Payable to
FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS (NOTE: Re	egistered Agent signature require	\$5.00 May Be Added to Fees	ake Check Payable to Department of State
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE PRESIDENT SUBMER PRESIDENT SUBMER THOMAS	egistered Agent signature require sign Financing tribution.	\$5.00 May Be Added to Fees	ake Check Payable to Department of State
FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS 1320 TALL MAPLE LOOP (NOTE: Re	egistered Agent signature require	\$5.00 May Be Added to Fees	ake Check Payable to Department of State
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS TOTY-ST-ZIP SIGNATURE SIGNA	egistered Agent signature require sign Financing tribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	ake Check Payable to Department of State
FEE IS \$61.25 Initial or Amended UBR Trust Fund Contained Name PRESIDENT SHIRLANE HENDRICKSON - THOMAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEAD FLORIDA 32765 TITLE VICE - PRESIDENT TITLE NAME VICE - PRESIDENT TITLE NAME VICE - PRESIDENT TITLE NAME VICE - PRESIDENT THOMAS LOOP TITLE VICE - PRESIDENT NAME LOOP HERBERT LOOP HERBERT LOOP HERBERT LOOP HERBERT LOOP TITLE VICE - PRESIDENT	egistered Agent signature require sign Financing tribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	ake Check Payable to Department of State
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FEE IS \$61.25 Initial or Amended UBR Trust Fund Contained PRESIDENT SHIRLANE HENDRICKSON - THOMAS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP VICE - PRESIDENT LLOYD HERBERT STREET ADDRESS CITY-ST-ZIP ORLANDO FLORIDA 32825 TITLE SECRETARY NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FLORIDA 32825 D" SECRETARY NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FLORIDA 32825	agistered Agent signature require sign Financing tribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	\$5.00 May Be Added to Fees M 6000086 10/29/0201060	ake Check Payable to Department of State 163216010 **61.25
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CITY-SI-ZIP

ORLANDO FLORIDA 32818

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Shulare Herdrickson Thomas SHIRLANE H. THOMAS 10/20/02 4079716922