

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004477**

1. Entity Name

CAROUSEL CHILD CARE, INC.

Principal Place of Business

1199 W LANTANA RD
LANTANA FL 33462
US

Mailing Address

1199 W LANTANA RD
LANTANA FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0694740

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

MCDONALD, CAROLE
1319 WEST BROWARD STREET
LANTANA FL 33462

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, CAROLE	
STREET ADDRESS	1319 WEST BROWARD STREET	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCDONALD, MICHAEL	
STREET ADDRESS	11110 Joel Ct. 1003 BUCKHORN RD.	
CITY-ST-ZIP	GARNER NC 27529 Orlando, FL 32825	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDONALD, JENNY	
STREET ADDRESS	116 D. WORTHINGTON PL.	
CITY-ST-ZIP	CAREY NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: REMCDONALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/01

Daytime Phone #

561-540-3880

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90081 050 ****61.25

A0007284



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)