

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000496

1. Entity Name

THE CAROUSEL LEARNING CENTER, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90107 037 ****61.25

Principal Place of Business

16958 U.S. HIGHWAY 41 SOUTH
SPRINGHILL FL 34610

Mailing Address

16958 U.S. HIGHWAY 41 SOUTH
SPRINGHILL FL 34610

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

59-3429906

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

ELLIOTT, DEBBIE
16958 U.S. HIGHWAY 41 SOUTH
SPRINGHILL FL 34610

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS ELLIOTT, DEBBIE
CITY-ST-ZIP 14839 U.S. HIGHWAY 41 N.
SPRINGHILL FL 34610

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REID, PEGGY
CITY-ST-ZIP 16958 U.S. HIGHWAY 41 SOUTH
SPRINGHILL FL 34610

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MORRISON, MICHAEL
CITY-ST-ZIP 16958 U.S. HIGHWAY 41 SOUTH
SPRINGHILL FL 34610

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Debbie Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00
Date

813-230-5171
Daytime Phone #

CR2E037 (9/99)