

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005666

1. Entity Name

CRANDON CAROUSEL & AMUSEMENT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

5421 S.W. 63RD CT.  
MIAMI FL 33155

5421 S.W. 63RD CT.  
MIAMI FL 33155-6464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CLYATT, ANN MARIE  
5421 S.W. 63RD CT.  
MIAMI FL 33155

4. FEJ Number

62-1804599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 ☐ Delete

NAME PD  
CLYATT, ANN MARIE  
STREET ADDRESS 5421 S.W. 63RD CT.  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete

NAME VD  
BENDA, GAILEN  
STREET ADDRESS 16150 S.W. 173RD AVE.  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete

NAME TD  
WOOD, WENDY  
STREET ADDRESS 275 HAMPTON LN.  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Delete

NAME SD  
BENDA, PATRICIA  
STREET ADDRESS 16150 S.W. 173RD AVE.  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Wendy Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90127 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

2/1/2000 305-361-7094