

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90182 037 \*\*\*\*61.25

**DOCUMENT # N99000005666**

**1. Entity Name**  
**CRANDON CAROUSEL & AMUSEMENT ORGANIZATION, INC.**



**Principal Place of Business**

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

**Mailing Address**

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

**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 62-1804599**

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**

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

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. I am familiar with, and accept the obligations of registered agent.**

**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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

**TITLE** VD ☐ Delete  
**NAME** MAHLER, DAVID  
**STREET ADDRESS** 1533 K SOUTH LIBERTY AVENUE  
**CITY-ST-ZIP** HOMESTEAD FL 33034-2624

**TITLE** VD ☒ Change ☐ Addition  
**NAME** MAHLER, DAVID  
**STREET ADDRESS** 12111 S.O. INDEPENDENCE DRIVE  
**CITY-ST-ZIP** HOMESTEAD, FL 33034-2621

**TITLE** TD ☐ Delete  
**NAME** RICHARDSON, LISA  
**STREET ADDRESS** 708 MINOREA AVENUE  
**CITY-ST-ZIP** CORAL GABLES FL 33134

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

**TITLE** SD ☐ Delete  
**NAME** KIRZNER, CATHERINE  
**STREET ADDRESS** 9333 SW 130 STREET  
**CITY-ST-ZIP** MIAMI FL 33176

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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:**

*Signature of Ann Marie Clyatt*

305-662890

CR2E037 (10/02)