

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000039609

1. Entity Name

THE CAROUSEL House, INC.

FILED

00 JUN 21 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

101 BEACH AVE.  
ALTAMONTE SPRINGS  
FLA. 32701

Mailing Address

101 BEACH AVE.  
ALTAMONTE SPRINGS  
FLA. 32701-7901

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3248999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KREINBIHL, LORETTA  
101 BEACH AVENUE  
ALTAMONTE SPRINGS, FLA. 32701

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME KREINBIHL, LORETTA  
STREET ADDRESS 101 BEACH AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FLA. 32701

☐ Delete

TITLE VD  
NAME KREINBIHL, THOMAS  
STREET ADDRESS 101 BEACH AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FLA. 32701

☐ Delete

TITLE T  
NAME DRONEY, DENNIS J.  
STREET ADDRESS 101 BEACH AVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

100003349611-7  
-08/08/00-01070-006  
\*\*\*150.00 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

3. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

Loretta Kreinbihl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-00

Date

407

332-1589

Daytime Phone #

CR2E034 (9/99)