

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039609

1. Entity Name

THE CAROUSEL HOUSE, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90023 022 ***158.75

Principal Place of Business

101 BEACH AVENUE
ALTAMONTE SPRINGS FL 32701-7901

Mailing Address

101 BEACH AVENUE
ALTAMONTE SPRINGS FL 32701-7901

2. Principal Place of Business

101 BEACH AVE.
Suite, Apt. #, etc.

3. Mailing Address

101 BEACH AVE.
Suite, Apt. #, etc.

City & State

ALT. Spgs, FLORIDA
Zip 32701 Country SEMINOLE

City & State

ALT. Spgs, FLORIDA
Zip 32701 Country SEMINOLE

4. FEI Number

59-3248999

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREINBIHL, LORETTA
101 BEACH AVENUE
ALTAMONTE SPRINGS FL 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, 2001 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 FL 32701 ☐ Delete

TITLE VD
NAME KREINBIHL, THOMAS
STREET ADDRESS 101 BEACH AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 empowered.

SIGNATURE

Loretta Kreinbihl-Loretta Kreinbihl-Pres. 4-10-01 407-332-1589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)