

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90083 022 ***150.00

DOCUMENT # P95000089522

1. Entity Name

CAROUSEL OF CAPE CANAVERAL, INC.

Principal Place of Business

**7406 N ATLANTIC AVE
CAPE CANAVERAL FL 32920**

Mailing Address

**7406 N ATLANTIC AVE
CAPE CANAVERAL FL 32920**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1355 S. US 1

Suite, Apt. #, etc.

City & State

**ROCKLEDGE
MERRITT IS FLA**

Zip

32955

Country

4. FEI Number

59-3346973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEPPEN, STEVEN P
7406 N ATLANTIC AVE
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name
KEPPEN, STEVEN P.
Street Address (P.O. Box Number is Not Acceptable)
11420 S. TROPICAL TR
City
MERRITT IS FL Zip Code
32952

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	D	<input type="checkbox"/> Delete
NAME	KEPPEN, STEVEN P	
STREET ADDRESS	5 FLORIDA AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, GEORGE M	
STREET ADDRESS	56800 N BANANA RIVER BLVD UNIT 236	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEPPEN, STEVEN P.	
STREET ADDRESS	11420 S. TROPICAL TR	
CITY-ST-ZIP	MERRITT IS FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, GEORGE M.	
STREET ADDRESS	56805 N BANANA RIVER BLVD #1111	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

GEORGE M. FOSTER

1-10-01

321-636-7196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)