## 2002 Uniform Business Report (UBR)

DOCUMENT # P9600056637  1. Entity Name ALL-STAR FUN PARKS, INC.				Secretary of State 04-18-2002 90426 025 ***150.00
Principal Place of Business 11506 N.W. 129TH TERRACE ALACHUA FL 32615		Mailing Address 11506 N.W. 129TH TERRACE ALACHUA FL 32615		
2. Principal	Place of Business	3. Mailing Address	¥A.·k	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 DO NOT WRITE IN THIS SPACE
City & Sta	te	City & State		4. FEI Number 59-3392441 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
<u> </u>	6Name and Address of Current Re	gistered Agent		Fee Required  7. Name and Address of New Registered Agent
			Name -	
MIKELL, CRAIG D 11506 NW 129 TERR ALACHUA FL 32615			Street Address	s (P.O. Box Number is Not Acceptable)
ALACHUA	A FL 32615		City	FL Zip Code
8. The above	named entity submits this statement for the	ne purpose of changing its r	registered office or regist	tered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent and		Registered Agent signature requi	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 200	! FEE IS \$150.00 2 Fee will be \$550.00 e to Department of S	I ITUST FUND CONTINUED I I Added to Feee
11,	OFFICERS AND DIF		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY - ST - ZIP	D MIKELL, CRAIG D 11506 N.W. 129TH TERRACE ALACHUA FL 32615	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	en e	□ Dêlete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ^Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the cor	on this report of supplemental report is true	e and accurate and that my	sionature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

386 4621227

Daytime Phone #