

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002507

1. Entity Name

ST. ANDREWS MARDI GRAS CARNIVAL COMMITTEE INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90139 014 ****70.00

Principal Place of Business

Mailing Address

PO BOX 4091
PANAMA CITY FL 32401

PO BOX 4091
PANAMA CITY FL 32401-8091

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
65-0883848

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, LEESA
1103 EMORY DR
PANAMA CITY FL 32405

Name
HUDSON, BILL
Street Address (P.O. Box Number is Not Acceptable)
3141 WEST 20TH COURT
City PANAMA CITY FL Zip Code 32405

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HUDSON, BILL
STREET ADDRESS 3141 W. ZOMET
CITY-ST-ZIP PANAMA CITY FL 32405 ☒ Delete

TITLE C.
NAME CHAIR
STREET ADDRESS HUDSON, BILL
CITY-ST-ZIP 3141 W. 20TH COURT
PANAMA CITY, FL 32405 ☒ Change ☐ Addition

TITLE SD
NAME HEAD, CONNIE
STREET ADDRESS 3412 W 15TH ST.
CITY-ST-ZIP PANAMA CITY FL 32401 ☒ Delete

TITLE T.
NAME TREAS.
STREET ADDRESS DORIS BOWDOIN
CITY-ST-ZIP 1128 CHESTNUT AV
PANAMA CITY, FL 32401 ☐ Change ☒ Addition

TITLE D
NAME HINSON, HERBERT
STREET ADDRESS 2913 W 11TH ST.
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

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

TITLE D
NAME COLEMAN, LEESA
STREET ADDRESS 1103 EMORY DR.
CITY-ST-ZIP PANAMA CITY FL 32405 ☒ Delete

TITLE D.
NAME ROBBIE FEHRENBACH
STREET ADDRESS 3803 WEST 16TH ST.
CITY-ST-ZIP PANAMA CITY, FL 32401 ☐ Change ☒ Addition

TITLE D
NAME LITTLETON, GINGER
STREET ADDRESS 763 MARYWOOD DR.
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

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

TITLE D
NAME HARRISON, BRENDA
STREET ADDRESS 109 LAKEPLACE
CITY-ST-ZIP PANAMA CITY FL 32413 ☒ Delete

TITLE D.
NAME DIRECTOR
STREET ADDRESS TINA HUDSON
CITY-ST-ZIP 3141 W. 20TH COURT
PANAMA CITY, FL 32405 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)