2000 UNIFORM BUSINESS REPORT (UBR)

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with all other like empowered

FILED **DOCUMENT # 758651** Jun 07, 2000 8:00 am 1. Entity Name **Secretary of State** JOHN'S PASS SEAFOOD FESTIVAL, INC. 06-07-2000 90034 001 ****61.25 06-07-2000 90034 002 *****8.75 Principal Place of Business Mailing Address 150 JOHNS PASS BOARDWALK W." 150 JOHNS PASS BOARDWALK W MADEIRA BEACH FL 33708-2625 MADEIRA BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2858359 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCDOLE, KATHLEEN H 150 JOHNS PASS BOARDWALK W MADEIRA BEACH FL 33708 Zip Code City Fl 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE Change TITLE Me DOLE, Kathleen it. 150 JOHNS PASS BOARDWACK W. MADEIRA BEACH FL 33708 NAME NAME MCDOLE, KATHLEEN H STREET ADDRESS 54m E STREET ADDRESS 150 JOHNS PASS BOARDWALK W CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 Addition ☐ Delete TITLE TITLE VPD BrOADERICK TODA 146 BOARDWALK PLACE F. NAME NAME Broaderick, Todd SAME STREET ADDRESS STREET ADDRESS 146 BOARDWALK PL E MADEIRA BEACH FC 33708 CITY-ST-ZIP CITY+ST-ZIP MADEIRA BEACH FL 33708 STD **™** Change ☐ Addition TITLE TITLE SD Delete LLOY D. JOHNNE PLACE E. 224 BOARDWALK PLACE E. MADEIRA BEACH, FL 33708 NAME NAME GREEN, RALPH STREET ADDRESS STREET ADDRESS 176 JOHNS PASS BOARDWALK W CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME LLOYD, JOANNE CHAnge STREET ADDRESS STREET ADDRESS 224 BOARDWALK PLACE E CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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