

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90011 025 \*\*\*\*50.00

**DOCUMENT # L02000026402**

1. Entity Name

**KREWE OF PATRIOTS, LLC**



Principal Place of Business

**C/O CARTER B. MCCAIN  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602**

Mailing Address

**C/O CARTER B. MCCAIN  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602**

2. Principal Place of Business

**3503 SPRINGVILLE DRIVE**

3. Mailing Address

**PO BOX 145**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**VALRICO, FL**

City & State

**MANGO FL**

Zip

**33594**

Country

**USA**

Zip

**33550**

Country

**USA**

6. Name and Address of Current Registered Agent

**MCCAIN, CARTER B  
400 NORTH TAMPA STREET  
SUITE 2300  
TAMPA FL 33602**

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. I am familiar with and accept the obligations of registered agent.

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME **SIDNEY ATWATER**  
STREET ADDRESS **3503 SPRINGVILLE DRIVE**  
CITY-ST-ZIP **VALRICO, FL 33594**

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

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **GLENN JOYNER**  
STREET ADDRESS **PO BOX 1747**  
CITY-ST-ZIP **TAMPA, FL 33601**

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

TITLE **SECRETARY** ☐ Delete  
NAME **GEORGE SCHENBERG**  
STREET ADDRESS **1701 WINDROSE RD**  
CITY-ST-ZIP **BLANCKEN, FL 33510**

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

TITLE **TREASURER** ☐ Delete  
NAME **ROBERT STEPHENS**  
STREET ADDRESS **PO BOX 145**  
CITY-ST-ZIP **MANGO, FL 33550**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ROBERT D. STEPHENS, Treasurer 3/3/03 813 971 9119**

CR2E083 (10/02)