FILED Jul 02, 2002 8:00 am

6-26-02

813-877-9609

2002 UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
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SIGNATURE:

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## **Secretary of State** 07-02-2002 90815 048 \*\*\*\*61.25 INTER KREWE COUNCIL, INC. Mailing Address Principal Place of Business 8313 TERRACEWOOD CIRCLE 8313 TERRACEWOOD CIRCLE TAMPA FL 33615 **TAMPA FL 33615** B0126851 3. Mailing Address 2. Principal Place of Business 3302 AZEELE BOD AZEELE ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3603420 Not Applicable TAMPA, TAMPA, FL \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 33609 33609 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) VONDRAK, JAMES W 8313 TERRACEWOOD CIRCLE 3302 AZEELE ST. **TAMPA FL 33615** Zip Code 33609 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. 6-26-02 SIGNATUR (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Change Addition Delete TITLE RODRIGUEZ BERT 3302 AZEELE ST TITLE NAME **VONDRAK, JAMES W** NAME STREET ADDRESS 8313 TERRACEWOOD CIRCLE STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 Addition Delete TITLE TITLE PD FERGUSON, CAPOL 3312 HARBOR VIEW NAME NAME ANSEL. DAVE STREET ADDRESS 6219 PALMA DEL MAR # 104 STREET ADDRESS CITY-ST-ZIP TAMPA, FL. 33611 SAINT PETERSBURG FL 33715 Addition ☐ Change TITLE Delete TITLE GONZALEZ, FROMENT NAME LIDIAK, FRANK NAME 3302 AZGELE ST. STREET ADDRESS 3517 W. PALMIRA AVE STREET ADDRESS TAMPA, FL. 33609 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 ☐ Addition ☐ Delete TITLE NAME NAME hair aidh eilirean Cail STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ACMEDITAL TOTAL AL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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)(f), 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 attackment with an address, with all other like empowered.