

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90061 031 ****61.25

0040296

DOCUMENT # N00000002087

1. Entity Name

KREWE OF FORT BROOKE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**500 N WESTSHORE BLVD. SUITE 850
TAMPA FL 33609**

**500 N WESTSHORE BLVD. SUITE 850
TAMPA FL 33609**

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

59-3119802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADGETT, STANLEY T
501 E KENNEDY BLVD, SUITE 1207
TAMPA FL 33602**

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.

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	<input type="checkbox"/> Delete
NAME	KIRCHEN, RICHARD	
STREET ADDRESS	5005 S ELBERON ST	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRAY, TODD	
STREET ADDRESS	BRISTOL AVE #103	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUMPHRIES, WILLIAM III	
STREET ADDRESS	2521 W. MARYLAND AV APT B	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOOTNIK, TERRY Terry	
STREET ADDRESS	6401 SVESTSHORE BLVD APT 222	
CITY-ST-ZIP	TAMPA FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	WICKMAN, PATRICIA DR	
STREET ADDRESS	6300 STIRLING RD RM 421	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAULEY, LEE	
STREET ADDRESS	2030 DREW ST	
CITY-ST-ZIP	CLEARWATER FL 33765	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD KIRCHEN

1/8/02 813 207 5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)