

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002675

1. Entity Name

KREWE OF MASSALINA, INC.

Principal Place of Business

123 BEACH DRIVE
PANAMA CITY FL 32401

Mailing Address

P.O. BOX 347
PANAMA CITY FL 32402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KESSLER, JANET
2801 W. 11TH STREET
PANAMA CITY FL 32401

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.

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

TITLE NAME	PD SMITH, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	123 BEACH DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	SD KESSLER, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	2801 W. 11TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	TD GREENLEE, PATTI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2502 N. CEDAR LANE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	D DOWDY, EMILY	
STREET ADDRESS	3256 MASSALINA DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	D MCIPHERSON, MAXIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3913 RISA DRIVE, F-1	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	D MILLER, KATHRYN	<input type="checkbox"/> Delete
STREET ADDRESS	1009 LAPALOMA TERRACE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD Gloria Neal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	123 Beach Drive	
CITY-ST-ZIP	Panama City FL 32401	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Kessler

3/31/01

Date

Daytime Phone #

(850) 76A-3434

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90333 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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