

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006831

1. Entity Name

YE MYSTIC KREWE OF THE QUEEN ANNE'S REVENGE INC. ✓

Principal Place of Business

P.O. BOX 5411  
HUDSON FL 34674-5411

Mailing Address

P.O. BOX 5411  
HUDSON FL 34674-5411

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

59-3692391

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CARMEN, WILLIAM J JR  
13652 LANDERS DR  
HUDSON FL 34667

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 D ☐ Delete  
NAME CARMEN, WILLIAM J JR  
STREET ADDRESS 13652 LANDERS DR  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE DT ☐ Delete  
NAME CARMEN, LORRIANE  
STREET ADDRESS 13652 LANDERS DR  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE D ☐ Delete  
NAME BENOIT, PHIL  
STREET ADDRESS 521 WESTWINDS DR  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE S ☐ Delete  
NAME DIBBLE, ROBERT JR  
STREET ADDRESS 9342 RETATTA ST  
CITY-ST-ZIP SPRINGHILL FL 34608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9342 REGATTA ST  
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

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: *William J. Dibble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2001

Date

727-868-2160

Daytime Phone #

CR2E037 (10/00)