

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90030 011 \*\*\*\*61.25

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**CARMEN, WILLIAM J JR  
 13652 LANDERS DR  
 HUDSON FL 34667**

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

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

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

TITLE **S** ☒ Delete  
 NAME **DIBBLE, ROBERT JR**  
 STREET ADDRESS **9342 REGATTA ST.**  
 CITY-ST-ZIP **SPRINGHILL FL 34608**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
 NAME **WILLIAM J. CARMEN III**  
 STREET ADDRESS **540 CARILLON PARKWAY #303B**  
 CITY-ST-ZIP **St. Petersburg FL 33716**

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

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

TITLE ☐ Change ☐ Addition  
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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 an other like empowered.

SIGNATURE:

*Signature of William J. Carmen III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 21<sup>st</sup> / 2002**

**727-531-5447**

CR2E037 (9/01)