

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/28

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91503 016 \*\*\*\*70.00

**DOCUMENT # N01000001345**

1. Entity Name

**YE MUTTLEY KREWE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 152715  
 TAMPA FL 33684

P.O. BOX 152715  
 TAMPA FL 33684

38456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**FAIRCLOTH, KELLY**  
**2707 W WILDER AVE**  
**TAMPA FL 33614**

Name **Melody G. Jameson**  
 Street Address (P.O. Box Number is Not Acceptable)

**1512 Ft. Duquesne Drive**  
 City **Sun City Center FL** Zip Code **33573**

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 **P** ☐ Delete  
 NAME **PATTERSON, KAREN G**  
 STREET ADDRESS **1510 W PARK LANE**  
 CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **V** ☐ Delete  
 NAME **PIROCHTA, WENDY**  
 STREET ADDRESS **2902 W ROGERS**  
 CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **T** ☒ Delete  
 NAME **ISAACS, DEBORAH**  
 STREET ADDRESS **4607 S WOODLYN DR**  
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☒ Addition  
 NAME **Melody G. JAMESON**  
 STREET ADDRESS **P.O. Box 1266**  
 CITY-ST-ZIP **RIVERVIEW, FL 33568**

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(813)237-4442**

Daytime Phone #

**Karen G. Patterson**

CR2E037 (9/01)



Attachment  
38456

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

June 3, 2002

YE MUTTLEY KREWE, INC.  
P.O. BOX 152715  
TAMPA, FL 33684

Subject: YE MUTTLEY KREWE, INC.

Reference Number: N01000001345

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS  
ANNUAL REPORTS SECTION

Attachment  
Doc. # N01000001345-  
38456

July 2, 2002

Annual Reports Section  
Division of Corporations  
Florida Department of State  
P.O. Box 1500  
Tallahassee, Florida 32302-9000

RE: Reference N01000001345

Pursuant to your instructions dated June 3, 2002, (enclosed) please find attached a corrected copy of the Uniform Business Report for Ye Muttley Krewe, Inc.

Thank you for your courtesy and attention to this matter.

Should there be any additional questions, please so advise.

Sincerely,



Melody G. Jameson, Treasurer & Agent  
Ye Muttley Krewe, Inc.

Enclosure: 1