

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90063 045 ****61.25

DOCUMENT # N01000001918

1. Entity Name

KREWE LAVEAU, INC.

Principal Place of Business

Mailing Address

119 PALM HARBOUR BLVD
 PANAMA CITY BEACH FL 32408

119 PALM HARBOUR BLVD
 PANAMA CITY BEACH FL 32408

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

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

O'HARE, JAN CAPTN
119 PALM HARBOUR BLVD
PANAMA CITY BEACH FL 32408

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 **D**
 NAME **O'HARE, JAN** ☐ Delete
 STREET ADDRESS **119 PALM HARBOUR BLVD**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **D** ☐ Change ☒ Addition
 NAME **Co-Captain**
 STREET ADDRESS **Traci Black**
 CITY-ST-ZIP **322 Massalina Dr.
 Panama City, FL 32401**

TITLE **D** ☒ Delete
 NAME **HATLEY, JO**
 STREET ADDRESS **2401 STANFORD RD, #322**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Change ☒ Addition
 NAME **Financial Lt.**
 STREET ADDRESS **Diane Pospisil**
 CITY-ST-ZIP **335 Massalina Dr.
 Panama City, FL 32401**

TITLE **D** ☒ Delete
 NAME **WARREN, VICKI**
 STREET ADDRESS **3539 FOXRUN BLVD**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

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

TITLE **D** ☐ Delete
 NAME **Co-Captain**
 STREET ADDRESS **Traci Black**
 CITY-ST-ZIP **322 Massalina Dr.
 Panama City, FL 32401**

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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 all other like empowered.

SIGNATURE:

JAN C. O'HARE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan C. O'Hare 4/19/02 (850) 230-2887

CP2E037 (9/01)