

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-29-2002 90004 009 *****70.00

DOCUMENT # N01000002800

1. Entity Name

THEE ROYAL KREWE OF LADY KILLIGREW, INC.

Principal Place of Business

Mailing Address

2367 BENT TREE RD.
 PALM HARBOR FL 34683

P. O. BOX 8007
 PALM HARBOR FL 34684-6070

16621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3711563

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

MICHAELS, MARYBETH
2367 BENT TREE RD.
PALM HARBOR FL 34683

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 ☒

NO
\$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, T, S**
 NAME **Marybeth Michaels**
 STREET ADDRESS **2367 Bent Tree Rd**
 CITY-ST-ZIP **Palm Harbor FL 34683**

TITLE **D + President**
 NAME **Marybeth Michaels**
 STREET ADDRESS **2367 Bent Tree Rd**
 CITY-ST-ZIP **Palm Harbor FL 34683**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D - Sabre Therese Campbell**
 NAME **415 Main St**
 STREET ADDRESS **Dunedin FL 34688**
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **Laurie Bance**
 STREET ADDRESS **12523 136th Lane North**
 CITY-ST-ZIP **Largo FL 33774**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

Marybeth Michaels
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02
452-7555

CR2E037 (9/01)