

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90063 024 ****61.25

DOCUMENT # N01000008313

1. Entity Name
KREWE OF HIP HUGGERS, INC.



Principal Place of Business
**4140 PIEDMONT RD.
PENSACOLA FL 32503**

Mailing Address
**4140 PIEDMONT RD.
PENSACOLA FL 32503**

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 **59-3758543**

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

**SHERRILL, RICHARD N
125 W. ROMANA ST., STE. 800
PENSACOLA FL 32501**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Melina Burt

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D BREWER, USA**
STREET ADDRESS **4100 PIEDMONT RD.**
CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE ☐ Delete
NAME **D BURTT, MELINA**
STREET ADDRESS **2460 TRONJO CIR.**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ Delete
NAME **D CROOKE, YVETTE**
STREET ADDRESS **4555 MENEWA PATH**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE ☐ Delete
NAME **D LOVATO, HOLLY**
STREET ADDRESS **1215 E. JACKSON ST**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE ☐ Delete
NAME **D MCKINNON, PERRI**
STREET ADDRESS **1051 WONDERWOOD CT.**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE ☐ Delete
NAME **D MITCHELL, LEIGH**
STREET ADDRESS **833 D BAYSHORE DR.**
CITY-ST-ZIP **PENSACOLA FL 32507**

☐ Change ☐ Addition
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:

Melina Burt

3.6.03

435-7233

CR2E037 (10/02)