## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBRA)

## May 02, 2003 8:00 am § Secretary of State DOCUMENT # N0200001857 05-02-2003 90127 033 \*\*\*\*61.25 1. Entity Name YE KREWE OF SIR HENRY MORGAN, ADMIRAL OF BRETHRE N OF THE COAST, INC. Principal Place of Business Mailing Address 12671 -96 ST 12671 -96 ST LARGO FL 33773 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address P.O. Box 18735 201E. Kennedy CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number Not Applicable AMPA 04-3736*537* Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA <u>33679-873</u> USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARY, REED C ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 525 E STRAWBRIDGE AVE MELBOURNE FL 32901 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Addition STEWART, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 12671 96 ST CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 <u>40</u> Change Change TITLE ☐ Delete TITLE Addition DIDIER, GERARD NAME NAME STREET ADDRESS 160 COLUMBIA DR #501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE Delete TITLE DS ☐ Addition STEWART, MARCIA NAME NAME STREET ADDRESS STREET ADDRESS 12671 96 ST CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 Addition ☐ Delete TITLE ☐ Change C. Drett-Cooper NAME NAME 2012. Kennedy Blud., Ste1950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP npa, FL 33602 Addition TITLE ☐ Delete TITLE ☐ Change NAME Kenneth McKinwan NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

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