

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

DOCUMENT # N02000006500

1. Entity Name

KREWE OF THE HIBISCUS INC.



FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90129 043 ****61.25

90013458



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
3830 CHAUCER WAY
LAND O LAKES FL 34639-6210

Mailing Address
3830 CHAUCER WAY
LAND O LAKES FL 34639-6210

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
42-1554792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OWENS, CHRISTINE
6161 N. MEMORIAL HWY #1801
TAMPA FL 33615

7. Name and Address of New Registered Agent
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 _____
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	D	<input type="checkbox"/> Delete	TITLE	THOMPSON, VICTORIA L Provost	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, WAYNE L CAPTAIN		NAME	1907 VILLAGE COURT	
STREET ADDRESS	1707 VILLAGE COURT		STREET ADDRESS	BRANDON, FL 33571	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, GREGORY LIEUTEN		NAME		
STREET ADDRESS	3830 CHAUCER WAY		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 34639		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JOAN PURSER		NAME		
STREET ADDRESS	197 GULF WAY		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, CHRISTINE 1-MATE		NAME		
STREET ADDRESS	6161 N. MEMORIAL HWY #1801		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, PAUL 2-MATE		NAME		
STREET ADDRESS	111 KILSYTHE ST.		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBEY, DEANNA PROVOST		NAME		
STREET ADDRESS	7353 W. POCAHONTAS AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		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: Christine Owens 1-6-03 813-881-2149

CR2E037 (10/02)