

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90077 039 ****80.00

DOCUMENT # N06559

1. Entity Name

THE MIDNIGHT PASS SOCIETY, INC.

Principal Place of Business

**1706 SANDALWOOD DRIVE
 SARASOTA FL 34231
 US**

Mailing Address

**4343 SAWYER RD
 SARASOTA FL 34233
 US**

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

59-2480486

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

**HERBERT, JAMES P
 1706 SANDALWOOD DR
 SARASOTA FL 34231**

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** ☐ Delete
 NAME **THEISEN, MIKE C**
 STREET ADDRESS **5955 MIDNIGHT POSS RD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D. ROBERT TRIAP** ☐ Change ☒ Addition
 NAME **ROBERT TRIAP**
 STREET ADDRESS **1602 STICKNEY POINT RD #402**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **CD** ☐ Delete
 NAME **HERBERT, JIM**
 STREET ADDRESS **1706 SANDALWOOD DR.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **WANDA KERR**
 STREET ADDRESS **5221 OCEAN BLVD, SUITE #2, BOX 277**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **PD** ☐ Delete
 NAME **WAECHTER, ROBERT**
 STREET ADDRESS **6539 PEACOCK RD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **PHILIP HOWELL**
 STREET ADDRESS **1750 SOUTH POINTE DR**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TD** ☒ Delete
 NAME **PETRECCA, JANET**
 STREET ADDRESS **794 TREASURE BOAT WAY**
 CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **SD** ☒ Delete
 NAME **NEVIN, JOHN**
 STREET ADDRESS **5440 EAGLE POINT CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☒ Delete
 NAME **LOWE, STANLEY**
 STREET ADDRESS **6531 PEACOCK RD**
 CITY-ST-ZIP **SARASOTA FL 34242**

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:

ROBERT WAECHTER

Date

Daytime Phone #

2/12/01 (94) 346-0379

CR2E037 (10/00)