

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90069 030 ****70.00

DOCUMENT # N11409

1. Entity Name

PIRATE FEST INCORPORATED



Principal Place of Business

**RICHARD SWIRBUL (MERCHANTS ASSOC. OF FL)
134 SOUTH TAMPA
TAMPA FL 33602**

Mailing Address

**RICHARD SWIRBUL (MERCHANTS ASSOC. OF FL)
134 SOUTH TAMPA
TAMPA FL 33602**

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 **23-7112792**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SWIRBUL, RICHARD
C/O MERCHANTS ASSOC. OF FL, INC.
134 SOUTH TAMPA
TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name **Thomas E. Feaster**
Street Address (P.O. Box Number is Not Acceptable)
C/O Merchants Assoc. of FL, Inc.
134 South Tampa Street
City **Tampa, FL 33602** **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 *Thomas E. Feaster* **Thomas E. Feaster**

January 7, 2003

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** ☐ Delete
NAME **BORRELL, ANTHONY**
STREET ADDRESS **3601 N NEBRASKA AVE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **VP** ☒ Change ☐ Addition
NAME **Anthony Borrell**
STREET ADDRESS **3601 N. Nebraska Ave.**
CITY-ST-ZIP **Tampa, FL 33603**

TITLE **SD** ☐ Delete
NAME **SWIRBUL, RICHARD C.**
STREET ADDRESS **134 S. TAMPA ST.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **VP** ☐ Delete
NAME **HAUGABOOK, EARL**
STREET ADDRESS **PO BOX 111**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE **P** ☒ Change ☐ Addition
NAME **Earl Haugabook**
STREET ADDRESS **PO Box 111**
CITY-ST-ZIP **Tampa, FL 33601**

TITLE **TD** ☐ Delete
NAME **ROSICA, GREG**
STREET ADDRESS **101 E KENNEDY BV**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **P** ☐ Delete
NAME **DOWELL, DAN**
STREET ADDRESS **201 E. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☒ Change ☐ Addition
NAME **Dan Dowell**
STREET ADDRESS **201 E. Kennedy Blvd.**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **NOT REQUIRED**

January 7, 2003 (813) 273-7766

CR2E037 (10/02)