

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91738 049 ****61.25

DOCUMENT # N25013

1. Entity Name

THE ANHEUSER-BUSCH GRAY EAGLES, INC.

Principal Place of Business

HILLSBOROUGH CO.
 TAMPA FL 33983

Mailing Address

MERSEREAU, DOROTHY
 18805 GERACI RD.
 LUTZ FL 33543
 US

2. Principal Place of Business

ADOVE

3. Mailing Address

ADOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

MERSEREAU, DOROTHY
 18805 GERACI RD.
 LUTZ FL 33549

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

Dorothy Mersereau

5/10/02

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 **ARGERIOUS, JOHN**
 STREET ADDRESS **27816 SUMMER PL DR**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33543**

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

TITLE **P** ☐ Delete
 NAME **THOMPSON, JOHN**
 STREET ADDRESS **8706 E NAVAJO AVE**
 CITY-ST-ZIP **TAMPA FL 33637**

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

TITLE **D** ☒ Delete
 NAME **MILLER, CLARA**
 STREET ADDRESS **9818 BROWNSTONE DR**
 CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE **D** ☐ Delete
 NAME **VOLKEL, ALFRED**
 STREET ADDRESS **5054 MT. OLIVE SHORES DRIVE**
 CITY-ST-ZIP **POLK CITY FL**

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

TITLE **D** ☐ Delete
 NAME **KILLEBREW, ENNIS**
 STREET ADDRESS **P O BOX 1196**
 CITY-ST-ZIP **SAN ANTONIO FL 33576**

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

TITLE **T** ☐ Delete
 NAME **MERSEREAU, DOROTHY**
 STREET ADDRESS **18805 GERACI RD.**
 CITY-ST-ZIP **LUTZ FL**

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 REQUIRED

Dorothy Mersereau

5/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)