

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90039 014 \*\*\*\*61.25

DOCUMENT # **N30151**

1. Entity Name

**Mardi Gras Pensacola Inc.**

Principal Place of Business

**6813 Whiteoak Dr.  
Pensacola, FL 32503**

Mailing Address

**6813 Whiteoak Dr.  
Pensacola, FL 32503**

2. Principal Place of Business

3. Mailing Address

**6813 Whiteoak Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

4. FEI Number

**59-2937296**

Applied For

Not Applicable

Zip

Country

**32503**

**USA**

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

**David McDonald  
6813 Whiteoak Dr.  
Pensacola, FL 32503**

Name **Bonita McDonald**

Street Address (P.O. Box Number is Not Acceptable)

**6813 Whiteoak Drive**

City **Pensacola**

**FL**

Zip Code **32503**

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

**Bonita McDonald**

**5/29/00**

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 '00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD McDonald, David 6813 Whiteoak Dr Pensacola, FL 32503</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Doug Mitchell 130 E Government St Pensacola, FL 32501</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sanspree, Donna 109 Casa Apt A Panama City Beach, FL 32413</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Danny Zimmerh 109A E Garden Pensacola, FL 32501</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Grady Kithrell 2103 Magnolia Ave Pensacola, FL 32503</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bonita McDonald 6813 Whiteoak Drive Pensacola, FL 32503</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Cathy Dunigan PO Box 12578 Pensacola, FL 32501</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**5/29/00**

**850-473-8858**

16361/2002-C