

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90214 017 \*\*\*\*61.25

**DOCUMENT # N30151 ✓**  
**1. Entity Name**  
Mardi Gras Pensacola Inc.

**Principal Place of Business** **Mailing Address**  
6813 White oak Drive  
Pensacola, FL, 32503

**2. Principal Place of Business** **3. Mailing Address**  
6813 White oak Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
Pensacola, FL 32503  
**Zip** **Country** **Zip** **Country**

**4. FEI Number** **Applied For**  
59-29372-96 ☐ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Bonita McDonald  
6813 White oak Drive  
Pensacola, FL, 32503

**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.**  
**SIGNATURE** *Bonita McDonald* **DATE** 4/27/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

|                                                           |                                                                                |                                            |
|-----------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD</b><br>McDonald, David M<br>6813 white oak Drive<br>Pensacola, FL, 32503 | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DS</b><br>McDonald, Bonita<br>6813 White oak Drive<br>Pensacola, FL, 32503  | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>Sangpree, Donna<br>109-Casa- Apt C<br>Panama City, FL, 32413       | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>Doug Mitchell<br>130 E. Government St<br>Pensacola, FL 32501       | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>Zimmern, Danny<br>109A E Garden<br>Pensacola, FL 32501             | <input type="checkbox"/> Delete            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>Cathy Dunigan<br>PO Box 12278<br>Pensacola, FL, 32501              | <input checked="" type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                                                           |                                                                   |
|-----------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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)(f), 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:** *Bonita McDonald* **DATE** 4/27/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)