

2001 UNIFORM BUSINESS REPORT (UBR)

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

06-15-2001 90169 044 ****61.25

DOCUMENT # N93000000060

1. Entity Name

KREWE OF CAMPECHE, INC.

Principal Place of Business

1517 EAST BOBE STREET
 PENSACOLA FL 32503
 US

Mailing Address

1517 EAST BOBE STREET
 PENSACOLA FL 32503
 US

2. Principal Place of Business

217 SOUTH ALCANIZ ST
 Suite, Apt. #, etc.

3. Mailing Address

217 SOUTH ALCANIZ ST
 Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32501

Country

Zip

32501

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

LACKEY, WILLIAM L
 1517 E BOBE STREET
 PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

LACKEY, WILLIAM R

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

217 SOUTH ALCANIZ ST

City

PENSACOLA

FL

Zip Code

32501

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

TITLE D ☐ Delete
 NAME LACKEY, WILLIAM R
 STREET ADDRESS 1517 E. BOBE ST.
 CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☒ Delete
 NAME LOWTHER, BRANDON
 STREET ADDRESS 701 S. PALAFOX ST.
 CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ Delete
 NAME SIFERT, SUSAN J
 STREET ADDRESS 1517 E BOBE STREET
 CITY-ST-ZIP PENSACOLA FL

TITLE D ☒ Delete
 NAME MOORE, MARY M
 STREET ADDRESS 1659 N 81ST AVENUE
 CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME LACKEY, WILLIAM R
 STREET ADDRESS 217 S. ALCANIZ ST
 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE ☒ Change ☐ Addition
 NAME BRUTON, CLOYD
 STREET ADDRESS 700 BENJULYN RD
 CITY-ST-ZIP CANTONMENT, FL 32533

TITLE ☒ Change ☐ Addition
 NAME SIFERT, SUSAN J
 STREET ADDRESS 217 S. ALCANIZ ST
 CITY-ST-ZIP PENSACOLA, FL 32501

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED

6/11/01

(850) 968-7518