

01/02 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004633

1. Entity Name
The Krewe of the Knights of Sant' Yago
Education Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 5037

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5037

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33675

Country
Hillsborough

Zip
33675

Country
Hillsborough

4. FEI Number

31-1467827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Holton, Marcheta

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

1615 Hacienda Ct.

City

Tampa

FL

Zip Code
33605

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IN THIS SPACE**

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.

X SIGNATURE *Marcheta Holton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-02-02

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
Leon, Herman
4107 Stillwater Terrace
Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Damron, D. Rex
1940 Wolf Laurel Drive
Sun City Center, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Ortiz, Raymond F.
120 Woodglen Ct.
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Lamb, Jack R.
9725 Tiffany Oaks Lane
Tampa, FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Palmisano, Jr., William
3104 McFarland Rd.
Tampa, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

WR

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Palmisano Jr.

William Palmisano Jr.

10/19/02 8:33
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FILED
02 NOV 14 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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