

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0084356

DOCUMENT # N97000000444

1. Entity Name

YE MYSTIC KREWE OF GASPARILLA SCHOLARSHIP FOUNDATION, INC.



FILED

03 MAY -2 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE STEINBRENER DR  
TAMPA FL 33614  
US

Mailing Address

P O BOX 25077  
TAMPA FL 33622  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3443336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STALLINGS, NORMAN JR  
ONE STEINBRENER DR  
TAMPA FL 33614

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. I am familiar with, and accept the obligations of registered agent.

600017874356  
05/02/03--01039--017 \*\*\$61.25

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BRACH, WILLIAM T  
STREET ADDRESS 2919 SWANN AVENUE, STE 303  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE D ☐ Delete  
NAME FOGARTY, J. EUGENE JR  
STREET ADDRESS 1103 CUMBERLAND AVENUE  
CITY-ST-ZIP TAMPA FL 33602

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

TITLE D ☐ Delete  
NAME PITTMAN, RICHARD A  
STREET ADDRESS 2821 WEST PARKLAND BLVD  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE D ☐ Delete  
NAME STEINBRENER, HAROLD Z  
STREET ADDRESS 114 MARTINIQUE AVE  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D ☐ Delete  
NAME SWINDAL, STEPHEN W  
STREET ADDRESS 131 W DAVIS BOULEVARD  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE P ☐ Delete  
NAME STALLINGS, NORMAN JR  
STREET ADDRESS ONE STEINBRENER DRIVE  
CITY-ST-ZIP TAMPA FL 33614

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: Norman Stallings, Jr. 04/30/03 (813) 613-3103

CR2E037 (10/02)