

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004650

1. Entity Name

KREWE OF THE CARIBBEAN COWBOYS INCORPORATED

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90035 008 ****70.00

Principal Place of Business

Mailing Address

3317 W. NEW ORLEANS AVE.
TAMPA FL 33614

3317 W. NEW ORLEANS AVE.
TAMPA FL 33684-5106

2. Principal Place of Business

4001 S. Westshore #907

3. Mailing Address

PO BOX 15106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33614

Country

Zip

33684-5106

Country

4. FEI Number

59-3528699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, GENE
3317 W. NEW ORLEANS AVE.
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Francine Noto

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

4001 S. Westshore Blvd #907

City

Tampa

FL

Zip Code

33611

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

Francine Noto

(Pres)

1/12/00

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

TITLE P ☒ Delete
NAME STEPHENS, GENE
STREET ADDRESS 3317 W. NEW ORLEANS AVE.
CITY-ST-ZIP TAMPA FL 33614

TITLE V ☒ Delete
NAME TOMLINSON, BENJAMIN
STREET ADDRESS 1514 RIVER DR. #D202
CITY-ST-ZIP TAMPA FL 33603

TITLE T ☐ Delete
NAME TOMLINSON, DEBBRA
STREET ADDRESS 1514 RIVER DR. #D202
CITY-ST-ZIP TAMPA FL 33603

TITLE S ☒ Delete
NAME PERRY, CHRISTI
STREET ADDRESS 4414 W. WATERS AVE. #306
CITY-ST-ZIP TAMPA FL 33603

TITLE T ☒ Delete
NAME MULLIS, CHARLOTTE
STREET ADDRESS 4414 W. WATERS AVE #306
CITY-ST-ZIP TAMPA FL 33603

TITLE T ☒ Delete
NAME STEPHENS, AMANDA
STREET ADDRESS 3317 W. NEW ORLEANS AVE.
CITY-ST-ZIP TAMPA FL 33603

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Francine Noto
STREET ADDRESS 4001 S Westshore Blvd Apt 907
CITY-ST-ZIP Tampa, FL

TITLE Y ☒ Change ☐ Addition
NAME Jeri-Marie Allen
STREET ADDRESS 3216 Taragrove DR
CITY-ST-ZIP TAMPA, FL 33618

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

TITLE S ☒ Change ☐ Addition
NAME EMMA JO Culbertson
STREET ADDRESS 7004 Danewood CT
CITY-ST-ZIP Tampa FL 33615

TITLE T ☒ Change ☐ Addition
NAME IRA BROWN
STREET ADDRESS 4001 S. Westshore Blvd Apt 907
CITY-ST-ZIP Tampa, FL

TITLE T ☒ Change ☐ Addition
NAME Steve Stuffs
STREET ADDRESS 120 sands point DR
CITY-ST-ZIP Tierra Verde, FL 33715

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

1/17/00

Date

Daytime Phone #

813
2401849