

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004650

1. Entity Name

KREWE OF THE CARIBBEAN COWBOYS INCORPORATED

Principal Place of Business

4001 S. WESTSHORE #907  
TAMPA FL 33614

Mailing Address

PO BOX 15106  
TAMPA FL 33614

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

59-3528699

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOTO, FRANCINE  
4001 S. WESTSHORE BLVD #907  
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name  
**Francine Brown**  
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 Brown*

*Francine Brown*

2/5/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P NOTO, FRANCINE 4001 S WESTSHORE BLVD APT 907 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, JERI-MARIE 3216 TARAGROVE DR. TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMLINSON, DEBBRA 1514 RIVER DR. #D202 TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULBERTSON, EMMA JO 7004 DANWOOD CT TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, IRA 4001 S. WESTSHORE BLVD APT 907 TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUTTS, STEVE 120 SANDS POINT DR. TIERRA VERDE FL 33715	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brown, Francine 4001 S. West shore Blvd # 907 Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tomlinson, Debra 4208 E. Eva Tampa FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(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:

*Debra Tomlinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00

813  
984 8962

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Feb 14, 2001 8:00 am  
Secretary of State

02-14-2001 90024 015 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE