

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90183 023 \*\*\*\*70.00

**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

**3908 W McKay Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 15106**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa Florida**

Zip  
**33609**

Country  
**USA**

City & State  
**Tampa, FL**

Zip  
**33604**

Country  
**USA**

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 **Debbra Tomlinson**  
Street Address (P.O. Box Number is Not Acceptable) **3908 W McKay Ave**  
City **Tampa** FL Zip Code **33609**

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.

SIGNATURE **Debbra Tomlinson** **3/24/03**  
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

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>NOTO, FRANCINE<br/>4001 S WESTSHORE BLVD APT 907<br/>TAMPA FL 33611</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>TOMLINSON, DEBBRA<br/>4208 E EVA<br/>TAMPA FL 33617</b> <input type="checkbox"/> Delete                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>CULBERTSON, EMMA JO<br/>7004 DANWOOD CT<br/>TAMPA FL 33615</b> <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>BROWN, IRA<br/>4001 S. WESTSHORE BLVD APT 907<br/>TAMPA FL 33603</b> <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>STUTTS, STEVE<br/>120 SANDS POINT DR.<br/>TIERRA VERDE FL 33715</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>DEBBRA TOMLINSON<br/>3908 W. McKay Ave<br/>Tampa, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>IRA BROWN<br/>4001 S. Westshore Blvd #907<br/>Tampa, FL 33603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>Steve Stutts<br/>7004 Danewood Ct<br/>Tampa, FL 33615</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>Amanda Stephens<br/>3317 W. NEW ORLEANS AVE<br/>TAMPA FL. 33614</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>Beuer, Cecelia<br/>3604 W. Dale Ave.<br/>Tampa, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>Kemmeling, Daniel<br/>5605 Legacy Crescent Pl #103<br/>Riverview, FL 33569</b> <input type="checkbox"/> Change <input checked="" 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: **Debbra Tomlinson** **3/24/03** **2881808**

CR2E037 (10/02)