

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91451 045 \*\*\*\*\*61.25

**DOCUMENT # N98000005570**

1. Entity Name

**KREWE OF BLUES OF PINELLAS COUNTY, FLORIDA, INC.**



Principal Place of Business

**4726 NORTH LOIS AVENUE  
SUITE A-2  
TAMPA FL 33614**

Mailing Address

**4726 NORTH LOIS AVENUE  
SUITE A-2  
TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

**12000 4TH Street North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#36**

City & State

**St. Petersburg, FL**

Zip

Country

**33716**

**USA**

4. FEI Number **59-3527226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLYOUNG, JOHN WESLEY  
4726 NORTH LOIS AVENUE  
SUITE A-2  
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.

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLYOUNG, JOHN WESLEY</b>	
STREET ADDRESS	<b>4726 NORTH LOIS AVENUE, #A-2</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLYOUNG, MICHAEL</b>	
STREET ADDRESS	<b>1580 HUNTLEIGH COURT</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOFARELLI, MICHAEL JR.</b>	
STREET ADDRESS	<b>7211 AMHERST WAY</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

**4-28-2003**

**83-872-0077**

CR2E037 (10/02)