

2000 UNIFORM BUSINESS REPORT (UBR)

2/12/11

FILED
Jul 06, 2000 8:00 am
Secretary of State

02-01-2000 90122 002 ****61.25

DOCUMENT # N99000000621

1. Entity Name

PARTI GRAS OF AMERICA, INC.

R

Principal Place of Business

**421 NORTH PALAFOX STREET
 PENSACOLA FL 32501**

Mailing Address

**421 NORTH PALAFOX STREET
 PENSACOLA FL 32501-3918**

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

59-3642590

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

Name

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

City

FL

Zip Code

**MERTING, JOHN W
 421 NORTH PALAFOX STREET
 PENSACOLA FL 32501**

B. 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

(Signature)
 Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when resigning)

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 BEAR, LEWIS JR
 72 HIGHWPOINT DRIVE
 GULF BREEZE FL 32561**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 MERRILL, COLLIER JR
 730 BAY FRONT PARKWAY
 PENSACOLA FL 32501**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 MCMAHON, DONALD JR
 4400 BAYOU BLVD
 PENSACOLA FL 32503**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00 (850) 432-936