

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046425

1. Entity Name

THE CAJUN EXPERIENCE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90241 001 ***150.00

Principal Place of Business

Mailing Address

~~101 E. GOVERNMENT ST~~ 100 East Garden St
PENSACOLA FL 32501
US

2140 GLORIA CIRCLE
PENSACOLA FL 32514-5832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 E. GARDEN STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

4. FEI Number

59-3509840

Applied For

Not Applicable

Zip
32501

Country
U.S.

Zip

Country

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

CRABTREE, DONNA
2140 GLORIA CIRCLE
PENSACOLA FL 32514

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	CRABTREE, DONNA	
STREET ADDRESS	2140 GLORIA CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CRABTREE, JAMES K	
STREET ADDRESS	2140 GLORIA CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Crabtree Donna Crabtree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

850-432-4848

Daytime Phone #

CR2E034 (9/99)