

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90033 047 \*\*\*\*61.25

**DOCUMENT # 770891**

1. Entity Name

**THE TOWER GALLERY ARTIST COOPERATIVE, INC.**

Principal Place of Business

Mailing Address

751 TARPON BAY RD.  
 SANIBEL FL 33957  
 US

751 TARPON BAY RD.  
 SANIBEL FL 33957-3113  
 US

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

**59-2547501**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIGGINS, LINDA  
~~3625 HERITAGE LN~~  
 FT. MYERS FL 33908

Name **LINDA WIGGINS**  
 Street Address (P.O. Box Number is Not Acceptable)

**9240 Bayberry Bend # 101**  
 City **FT. MYERS, FL** Zip Code **FL 33908**

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)

**1-12-2000**

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  Delete  
 NAME **PD VALE, SHIRLEY**  
 STREET ADDRESS **521 CORAL DR**  
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD BEDIENT, JOANN**  
 STREET ADDRESS **869 DUQUESNE DR**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD WIGGINS, LINDA**  
 STREET ADDRESS **9240 BAYBERRY BEND #101**  
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD BUSCH, RODNEY**  
 STREET ADDRESS **13809 HERONWOOD LN #34**  
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE  Change  Addition  
 NAME **SD JUDY Jones**  
 STREET ADDRESS **205 11th ave. S.**  
 CITY-ST-ZIP **Naples, FL. 34102**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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**

**3-1-2000**

**941-481-7061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)