

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90304 037 ****61.25

0037063

DOCUMENT # N16348

1. Entity Name

CORAL SPRINGS QUILTERS, INC.

Principal Place of Business

PO BOX 8190
 CORAL SPRINGS FL 33075
 US

Mailing Address

PO BOX 8190
 CORAL SPRINGS FL 33075
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 8190

3. Mailing Address

P.O. Box 8190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL SPRINGS, FL

City & State

City & State

CORAL SPRINGS, FLA

Zip
 33075

Country

BROWARD

Zip
 33075

Country

BROWARD

4. FEI Number

59-2683217

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

ADAMS, KATHRYN E
 6478 NW 103 LANE
 PARKLAND FL 33076

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

Kathryn E Adams, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

3-30-01

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	PD WEISS, LORI 4055 NW 100TH AVE CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNUTSON, JULIE 5526 NW 106 DRIVE CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, JANE 2884 NW 121 DRIVE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWER, ELAINE 3838 NW 42ND WAY COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ADAMS, KATHRYN E 6478 NW 103 LANE PARKLAND FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEISS, LORI 4055 NW 100TH AVE CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RHONDA GORDON 8536 NW 45 STREET CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MARSHA GABELIN 2414 NE 26 STREET LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

Kathryn E Adams, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

954-255-1677

Date

Daytime Phone #

CR2E037 (10/00)