

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90165 004 ****61.25

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2683217**

Applied For
Not Applicable

Zip

Country

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

**LAWSON, JILL T
5050 LEITNER DR W
CORAL SPRINGS FL 33067**

Name
Allen, Carolyn
Street Address (P.O. Box Number is Not Acceptable)
7805 NW 39th Court
Coral Springs, FL 33065
City
Coral Springs, FL **FL** Zip Code
33065

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

Carolyn Allen, Treasurer

5/23/03

(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 **PD** ☒ Delete
NAME **GORDON, RHONDA**
STREET ADDRESS **8536 NW 45 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** ☐ Change ☒ Addition
NAME **Weinstein, Annie**
STREET ADDRESS **7490 NW 42nd Court**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE **VPD** ☒ Delete
NAME **KAPLAN, JUDY**
STREET ADDRESS **10346 NW 4TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Oxley, Janet**
STREET ADDRESS **2960 Riverside Drive #220**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **VD** ☒ Delete
NAME **MCDONNELL, DOROTHY**
STREET ADDRESS **11330 NW 68TH COURT**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Riedle, Karen**
STREET ADDRESS **P.O. Box 934532**
CITY-ST-ZIP **Margate, FL 33093**

TITLE **SD** ☒ Delete
NAME **LUDWIG, DONNA**
STREET ADDRESS **6629 SCHOONER TERRACE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **SD** ☐ Change ☒ Addition
NAME **Dooley, Joyce**
STREET ADDRESS **8730 Azalea Court, #102**
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **DT** ☒ Delete
NAME **LAWSON, JILL T**
STREET ADDRESS **5050 LEITNER DR W**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **TD** ☐ Change ☒ Addition
NAME **Allen, Carolyn**
STREET ADDRESS **7805 NW 39th Court**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Hart, Becky**
STREET ADDRESS **12442 NW 10th Court**
CITY-ST-ZIP **Coral Springs, FL 33071**

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: *Carolyn Allen* **SIGNATURE REQUIRED** *Carolyn Allen* **5/23/03** **954-752-9258**

CR2E037 (10/02)