

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90043 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N25903**

1. Entity Name  
**QUILTFEST, INC.**

Principal Place of Business: **284 FOXRIDGE RD. ORANGE PARK FL 22065 US**

Mailing Address: **284 FOXRIDGE RD. ORANGE PARK FL 32065-5736 US**

2. Principal Place of Business: **1496 Russell Rd.**

3. Mailing Address: **Same**

Suite, Apt. #, etc.: **Green Cove Springs FL**

City & State: **Green Cove Springs FL**

City & State: **Orange Park FL**

4. FEI Number: **59-2936093**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KISER, GERALDINE**  
**284 FOXRIDGE RD.**  
**ORANGE PARK FL 32065**

7. Name and Address of New Registered Agent

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: *MayreLou Stamps* DATE: *2-15-2000*

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: <b>PD</b>                                | <input type="checkbox"/> Delete | TITLE: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: <b>JONES, CATHY</b>                       |                                 | NAME: _____   |  |
| STREET ADDRESS: <b>3474 THORNHILL DR.</b>       |                                 | STREET ADDRESS: _____                                 |  |
| CITY-ST-ZIP: <b>JACKSONVILLE FL 32277</b>       |                                 | CITY-ST-ZIP: _____                                    |  |
| TITLE: <b>VD</b>                                | <input type="checkbox"/> Delete | TITLE: <b>vice president</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>LLOYD, GWEN</b>                        |                                 | NAME: <b>Maureen Reiter</b>                           |  |
| STREET ADDRESS: <b>1705 3RD AVE.</b>            |                                 | STREET ADDRESS: <b>4045 Sabel Drive</b>               |  |
| CITY-ST-ZIP: <b>JACKSONVILLE FL 32250</b>       |                                 | CITY-ST-ZIP: <b>Jacksonville, FL 32277</b>            |  |
| TITLE: <b>SD</b>                                | <input type="checkbox"/> Delete | TITLE: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: <b>KISER, GERALDINE</b>                   |                                 | NAME: _____   |  |
| STREET ADDRESS: <b>284 FOXRIDGE RD.</b>         |                                 | STREET ADDRESS: _____                                 |  |
| CITY-ST-ZIP: <b>ORANGE PARK FL 32065</b>        |                                 | CITY-ST-ZIP: _____                                    |  |
| TITLE: <b>TD</b>                                | <input type="checkbox"/> Delete | TITLE: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: <b>STAMPS, MAYRELOU</b>                   |                                 | NAME: _____   |  |
| STREET ADDRESS: <b>1496 RUSSELL RD.</b>         |                                 | STREET ADDRESS: _____                                 |  |
| CITY-ST-ZIP: <b>GREEN COVE SPRINGS FL 32043</b> |                                 | CITY-ST-ZIP: _____                                    |  |
| TITLE: <b>SD</b>                                | <input type="checkbox"/> Delete | TITLE: <b>Show Coordinator</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>YERMAN, PEGGY</b>                      |                                 | NAME: <b>Gwen Lloyd</b>                               |  |
| STREET ADDRESS: <b>2944 LANTANA LAKES DR W</b>  |                                 | STREET ADDRESS: <b>1705 3rd Avenue</b>                |  |
| CITY-ST-ZIP: <b>JACKSONVILLE FL 32246</b>       |                                 | CITY-ST-ZIP: <b>Jacksonville, FL 32250</b>            |  |
| TITLE: _____                                    | <input type="checkbox"/> Delete | TITLE: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____                                     |                                 | NAME: _____   |  |
| STREET ADDRESS: _____                           |                                 | STREET ADDRESS: _____                                 |  |
| CITY-ST-ZIP: _____                              |                                 | 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: *Geraldine Kiser* DATE: *2/15/00* DAYTIME PHONE #: *904-272-4060*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (9/99)