

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90307 020 ****61.25

DOCUMENT # N25903

1. Entity Name

QUILTFEST, INC. OF JACKSONVILLE, FLORIDA

Principal Place of Business

Mailing Address

**2742-9 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205
 US**

**2742-9 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205
 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

59-2936093

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

**MERRILL, MARILYN
 2742-9 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205**

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

Marilyn P. Merrill

Marilyn Merrill

4-16-02

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

(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
 Department of State**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **REITER, MAUREEN**
 STREET ADDRESS **4045 SABEL DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PRESIDENT / Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **JOHNSON, BRENDA**
 STREET ADDRESS **6231 REGIMENT DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **PARRISH, NANCY**
 STREET ADDRESS **3125 S. Magnolia Rd.**
 CITY-ST-ZIP **ORANGE PARK, FL. 32065**

TITLE **D** ☒ Delete
 NAME **AMATO, MARY JANE**
 STREET ADDRESS **410 PRINCE ROAD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **DIRECTORY SECRETARY** ☐ Change ☒ Addition
 NAME **ANN STORV**
 STREET ADDRESS **8579 Pebble Street**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32221**

TITLE **T** ☐ Delete
 NAME **MERRILL, MARILYN**
 STREET ADDRESS **2742-9 RIVERSIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **DIRECTOR / Show Coordinator** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☒ Delete
 NAME **LLOYD, GWEN**
 STREET ADDRESS **1705 3RD AVENUE**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **Ricks, Kathleen**
 STREET ADDRESS **22607 George White Rd.**
 CITY-ST-ZIP **ORANGE PARK, FL. 32073**

TITLE **VPD** ☐ Delete
 NAME **EMOS, BARBARA**
 STREET ADDRESS **8711 RIVER PARK ROAD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

TITLE **ENOS, BARBARA** ☐ 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 *Kathleen C. Ricks*

4-16-02

904-272-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)