2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90004 014 ****61.25

DOCUMENT # N44185

1. Entity Name

LEVY COUNTY QUILT MUSEUM, INC.

Principal Place of Business	Mailing Address
LEVY CO QUILT MUSEUM 11050 N W 10TH AVE CHIEFLAND FL 32626 US	11050 NW 10TH AVE CHIEFLAND FL 32626 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Levy Co. Quilt Museum.	11050 N.W. 10th Ave.
Suite, Apt. #, etc. 11050 N.W 10th Ave	Suite, Apt. #, etc. Chiefland, Fl. 32626
City & State Chiefland, Fl.	City & State
Zip 32626 Country Levy.	Zip 32626 Country Levy.

4. FEI Number 59-2907719 ☐ 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
HORNE, WINNELLE M. 11050 NW 10TH AVE CHIEFLAND FL 32626	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 Winnelle M. Horne Jan. 4-2001
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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARDEE, ANN 7440 NW 60TH AVE CHIEFLAND FL 32626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORNE, WINNELLE M. 11050 NW 10TH AVE CHIEFLAND FL 32626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SULLIVAN, EMORY F CARRIBEE POINT, PO BOX 1082 INGUS FL 32694	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

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.

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SIGNATURE: Winnelle M. Horne Jan 4, 2001 493-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #