

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90222 030 ****61.25

DOCUMENT # N47088

1. Entity Name

PIECEMAKERS QUILT GUILD OF BRANDON, INC.

Principal Place of Business

Mailing Address

P O BOX 2181
 BRANDON FL 33509
 US

P O BOX 2181
 BRANDON FL 33509
 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

65-0313870

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWDING, DARYL
4816 N. ARMENIA
TAMPA FL 33603

Name **Sindy Hinkle**
 Street Address (P.O. Box Number is Not Acceptable) **2404 Buckhorn Run Dr.**
 City **Valrico, Fl.** FL Zip Code **33594**

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

Sindy Hinkle

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

(NOTE: Registered Agent signature required when reinstating)

2/5/01
 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	T	<input checked="" type="checkbox"/> Delete
NAME	POST, TRINA	
STREET ADDRESS	2713 CRESTFIELD DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, VANDA	
STREET ADDRESS	10709 CAROLL LAKE DR	
CITY-ST-ZIP	VALRICO FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORRES, JAYNE	
STREET ADDRESS	403 COAST LINE WAY	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOWDING, DARYL	
STREET ADDRESS	7506 NORTH OLA	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILLS, SHARI	
STREET ADDRESS	3806 CLIFFDALE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GANTOUS, AUDREY	
STREET ADDRESS	10402 VENTURA AVE	
CITY-ST-ZIP	TAMPA FL 33619	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sindy Hinkle	
STREET ADDRESS	2404 Buckhorn Run Dr.	
CITY-ST-ZIP	Valrico, Fl. 33594	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Williams	
STREET ADDRESS	4225 Springway Circle	
CITY-ST-ZIP	Valrico, Fl. 33594	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Comer	
STREET ADDRESS	PO Box 637	
CITY-ST-ZIP	Dover, Fl 33527	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudia Ingram	
STREET ADDRESS	2615 Brianholly Dr	
CITY-ST-ZIP	Valrico, Fl. 33594	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Mitchell	
STREET ADDRESS	2709 Crestfield Dr	
CITY-ST-ZIP	Valrico, Fl. 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sindy Hinkle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

2/5/01 **813-643-8605**
 Date Daytime Phone #

CR2E037 (10/00)