

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0020765

DOCUMENT # N94000002418

1. Entity Name

TREE CITY QUILTERS GUILD, INC.

03-21-2001 90075 038 ****61.25

Principal Place of Business

PO BOX 140-698
 GAINESVILLE FL 32614-0698

Mailing Address

PO BOX 140-698
 GAINESVILLE FL 32614-0698

CU036413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3217109

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

FUENTES, SHARON
10204 NW 156 AVE
ALACHUA FL 32615

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 Sharon Fuentes, Treasurer

3-19-2001

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 PD Delete
 NAME VALCANTE, BECKY
 STREET ADDRESS 6110 NW 31ST TERRACE
 CITY-ST-ZIP GAINESVILLE FL 32606

TITLE Change Addition
 NAME PAM MEISTER
 STREET ADDRESS 4511 NW 15TH PLACE
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE SD Delete
 NAME SEYMOUR, MARGARET
 STREET ADDRESS 3657 NW 39 PL
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME FUENTES,
 STREET ADDRESS 10204 NW 156 AVE
 CITY-ST-ZIP ALACHUA FL 32615

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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: Sharon Fuentes, SHARON S. FUENTES

3-19 2001 386-418-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)