

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001420

1. Entity Name

Southwest Florida Quilter's Guild, Inc.

Principal Place of Business

Mailing Address

Lee County Extension Office

P.O. Box 2264
Ft. Myers FL 33902

2. Principal Place of Business

3410 Palm Beach Blvd

3. Mailing Address

P.O. Box 2264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Ft. Myers FL

Zip

33916

Country

Zip

33902

Country

4. FEI Number

311466906

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Patricia A. Nuding
2349 Trade Center Way
Naples FL 33940

7. Name and Address of New Registered Agent

Name Doris E. Roof
Street Address (P.O. Box Number is Not Acceptable) 1717 St. Clair Ave E.
City N. Ft. Myers **FL** Zip Code 33903

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

Doris E. Roof - President

Doris E. Roof

8-15-00

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

TITLE		☒ Delete
NAME	<u>TOURILLOTT, NADING</u>	
STREET ADDRESS	<u>2349 Trade Center Way</u>	
CITY-ST-ZIP	<u>Naples FL 33940</u>	
TITLE		☒ Delete
NAME	<u>BOLINGER-LINGER, LYN</u>	
STREET ADDRESS	<u>2231 Waylife Ct.</u>	
CITY-ST-ZIP	<u>Alva F 33920</u>	
TITLE		☒ Delete
NAME	<u>Fine, Judy</u>	
STREET ADDRESS	<u>115654 Iona Lakes Dr</u>	
CITY-ST-ZIP	<u>Ft. Myers FL 33908</u>	
TITLE		☒ Delete
NAME	<u>Pfalz, Faith L</u>	
STREET ADDRESS	<u>325 Shore Dr.</u>	
CITY-ST-ZIP	<u>Ft. Myers FL 33906</u>	
TITLE		☒ Delete
NAME	<u>HUBBARD, MARKLU</u>	
STREET ADDRESS	<u>18420 CATLASS Drive</u>	
CITY-ST-ZIP	<u>Ft. Myers FL 33908</u>	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>President</u>	☒ Change ☐ Addition
NAME	<u>Doris E. Roof</u>	
STREET ADDRESS	<u>1717 St. Clair Ave. E</u>	<u>Director</u>
CITY-ST-ZIP	<u>N. Ft. Myers FL 33903</u>	
TITLE	<u>V. President</u>	☒ Change ☐ Addition
NAME	<u>Judy McCall</u>	
STREET ADDRESS	<u>2126 Tournament</u>	<u>Director</u>
CITY-ST-ZIP	<u>Ft. Myers FL 33901</u>	
TITLE	<u>Secretary</u>	☒ Change ☐ Addition
NAME	<u>Sally Shedley</u>	
STREET ADDRESS	<u>3704 S.W. Santa Barbara Pl.</u>	<u>Trustee</u>
CITY-ST-ZIP	<u>Cape Coral FL 33914</u>	
TITLE	<u>Treasurer</u>	☒ Change ☐ Addition
NAME	<u>Virginia Ockendon</u>	
STREET ADDRESS	<u>4850 County Road 78A</u>	<u>Director</u>
CITY-ST-ZIP	<u>Alva FL 33920</u>	
TITLE		☒ Change ☐ Addition
NAME	<u>Genny Ewing</u>	
STREET ADDRESS	<u>173 Oakley Ave.</u>	<u>Trustee</u>
CITY-ST-ZIP	<u>N. Ft. Myers FL 33903</u>	
TITLE		☐ Change ☒ Addition
NAME	<u>Malissa Roof</u>	
STREET ADDRESS	<u>111 NE 13th Place</u>	<u>Trustee</u>
CITY-ST-ZIP	<u>Cape Coral FL 33909</u>	

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 817, 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:

Doris E. Roof
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris E. Roof

Date

8-15-00

Daytime Phone #