

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90008 005 ****61.25

DOCUMENT # N98000005414

1. Entity Name

SOUTHWEST FLORIDA CRAFT GUILD, INC.

Principal Place of Business

Mailing Address

1403 SE 19TH ST
 CAPE CORAL FL 33990-4530

PO BOX 150236
 CAPE CORAL FL 33915-0236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787186

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

YOUNG, ROBERT D ESQ.
13180 NORTH CLEVELAND AVENUE
SUITE 126
NORTH FORT MYERS FL 33903

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

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 Delete
 NAME **D CAMPBELL, TOM**
 STREET ADDRESS **1403 S.E. 19TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NICKS, PAULA**
 STREET ADDRESS **226 PALMACEA ROAD**
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ANDERSON, ONALEE**
 STREET ADDRESS **750 ELINOR WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JACOBI, ANNA M**
 STREET ADDRESS **3517 S.E. 19TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MUENCH, EMILY**
 STREET ADDRESS **1119 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CAMPBELL, HELEN**
 STREET ADDRESS **1403 S.E. 19TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Change Add
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000 (941)472-22

Date

Daytime Phone #