

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90014 024 \*\*\*\*61.25

**DOCUMENT # N98000005414**

1. Entity Name

**SOUTHWEST FLORIDA CRAFT GUILD, INC.**

Principal Place of Business

~~3517 S.E. 19 PLACE  
 CAPE CORAL FL 33904-4420~~

Mailing Address

~~3517 S.E. 19 PLACE  
 CAPE CORAL FL 33904-4420~~

2. Principal Place of Business

**CULTURAL PARK THEATER**  
 Suite, Apt. #, etc.  
**528 CULTURAL PARK BLVD.**

3. Mailing Address

Southwest Florida Craft Guild  
 P.O. Box 150236  
 Cape Coral, Florida 33915-0236



DO NOT WRITE IN THIS SPACE

City & State  
**CAPE CORAL FL**

City & State

4. FEI Number **65-0787186**

Applied For  
 Not Applicable

Zip  
**33990**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMPBELL, TOM</b>	
STREET ADDRESS	<b>1403 S.E. 19TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NICKS, PAULA</b>	
STREET ADDRESS	<b>226 PALMACEA ROAD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, ONALEE</b>	
STREET ADDRESS	<b>750 ELINOR WAY</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBI, ANNA M</b>	
STREET ADDRESS	<b>3517 S.E. 19TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUENCH, EMILY</b>	
STREET ADDRESS	<b>1119 PERIWINKLE WAY</b>	
CITY-ST-ZIP	<b>SANIBEL ISLAND FL 33957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, HELEN</b>	
STREET ADDRESS	<b>1403 S.E. 19TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JERRY CAMPBELL</b>	
STREET ADDRESS	<b>2629 COCONUT DR.</b>	
CITY-ST-ZIP	<b>SANIBEL, FL 33957</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARDLYN SCHDOLEY</b>	
STREET ADDRESS	<b>9170 MARI GOLD CT.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY MARGARET BEARD</b>	
STREET ADDRESS	<b>4213 S.E. 2ND AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Emily Muench* **EMILY MUENCH** 2/6/01 (941) 472-2812  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)