

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007282

1. Entity Name

FLYING NEEDLES QUILT GUILD INC.

Principal Place of Business

POST OFFICE BOX 1652
NICEVILLE FL 32578

Mailing Address

POST OFFICE BOX 1652
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32588

32588

4. FEI Number

59-3675386

Applied For

Not Applicable

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

RUTTER, MARIA
100 MUIRFIELD COVE
NICEVILLE FL 32578

Name

RUTTER, MARCIA B.

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

Marcia B. Rutter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

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 JOHNS, JUDY
STREET ADDRESS 642 RUCKEL DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GRIMES, SUE
STREET ADDRESS 325 LAKE HOLLEY CR.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WALKER, PAT
STREET ADDRESS 2515 EDGEWATER DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME RUTTER, MARCIA
STREET ADDRESS 100 MUIRFIELD COVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BABICH, LINDA
STREET ADDRESS 215 WEDGEWOOD LANE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
NAME
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: LINDA BABICH REQUIRED *L. Babich* 4/6/01 850-689-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-09-2001 90071 031 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)