## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N10723** 1. Entity Name GOLD COAST QUILTER'S GUILD, INC.

## **FILED** Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90030 018 \*\*\*\*61.25

Principal Place of Business Mailing Address					-	_									
716 NW 6 DRI P O BOX 2573 BOCA RATON	3		716 NW 6TH DR P O BOX 2573 BOCA RATON FL 33486 US					<b>  1   1   1</b>   1	<b>1)                                    </b>	<b>8</b>	<b>111</b> 1111 <b>1111</b>	H ANÁR A	INSI BIBIĞ DA	hii	
2. Principal Place of Business			3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE							
City & State			City & State					4. FEI Number 59-2524521						pplied For ot Applicable	
Zip Country			Zip Co			ntry			te of Statu	Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered	Agent				7. Name ar	d Addres	s of New	Register	red Ag	ent		1
						Name									1
HILL, JAN						Street Address (P.O. Box Number is Not Acceptable)									
	TON FL 334	186			City						FL	Zip Coo	de	$\frac{1}{1}$	
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SIGNATURE		y submits this statement fo	or the period	,	ogioloro	. 011100 0	or registered	a agom, or a	out, iii uto	dialo or					
0.017.110.12		or printed name of registered agent	and title if applica	able. (NOTE:	Registered A	\gent signat	ture required w	hen reinstating)			DA	TE			
	FILE NOW	/: FEE IS \$61.25		9. Election Cam Trust Fund Co				\$5.00 May Added to Fee		N			Payable of Stat		
10.	ৰ্ড	/: FEE IS \$61.25	RECTORS				A		es		Depart	ment	of Stat	e 	
	PD	OFFICERS AND DIF	RECTORS		1.1. TITLE		PD A	Added to Fee	HANGES	TO OFFIC	Depart	ment D DIRE	of Stat	e 	1 1
10. TITLE NAME	PD ROBINSOI	OFFICERS AND DIE	RECTORS	Trust Fund Co	1.1. TITLE NAME	n. 	PD DEFR	Added to Fee	HANGES	TO OFFIC	Depart	ment D DIRE	of Stat	N 10	7 (0/04)
10. TITLE NAME STREET ADDRESS	PD ROBINSOI 4218 NW	OFFICERS AND DIE	RECTORS	Trust Fund Co	11. TITLE NAME STREET	n. Address	PD DEFR	Added to Fee DDITIONS/C ANCES PARK	HANGES 5, JEA VIEW	TO OFFIC	Depart	ment D DIRE	of State	N 10	-007 (0/04)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSOI 4218 NW	OFFICERS AND DIE	RECTORS	Trust Fund Co	1.1. TITLE NAME STREET CITY-S	n. Address	PD DEFR 16451 BOCA	Added to Fee	HANGES 5, JEA VIEW	TO OFFIC	Depart	ment D DIRE [ د ما ما	CTORS IN Change	N 10 Addition	70000
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ROBINSOI 4218 NW BOCA RAT	OFFICERS AND DIF N, ROBINETTE 3 AVENUE TON FL 33431-4106	RECTORS	Trust Fund Co	1.1. TITLE NAME STREET CITY-S	n. Address	PD DEFR 16451 BOCA	Added to Fee	HANGES JEA VIEW N FL	NS DR 334	Depart	ment D DIRE [ د ما ما	of State	N 10	7007
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROBINSOI 4218 NW BOCA RAT VPD CORNELL	OFFICERS AND DIF N, ROBINETTE 3 AVENUE TON FL 33431-4106 JUDY	RECTORS	Trust Fund Co	1.1. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	PD DEFR G451 BOCA	Added to Fee	HANGES  JEA  VIEW  N FL	NS DR 334	Depart	ment D DIRE [ د ما ما	CTORS IN Change	N 10 Addition	7007
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROBINSOI 4218 NW BOCA RAI VPD CORNELL 400 SEA S	OFFICERS AND DIE N. ROBINETTE 3 AVENUE FON FL 33431-4106 JUDY SAGE DR APT 1106	RECTORS	Trust Fund Co	1.1. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP ADDRESS	PD DEFR 6451 BOCA D WILL 2178	Added to Fee	HANGES  JEA  VIEW  JAYN  LE B	TO OFFICE	Depart	DIRE C	CTORS IN Change	N 10 Addition	7007
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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:** 

MUSEDJEAN S. DEFRANCES 1-16-02 (561) 393-6178