

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90030 018 ****61.25

DOCUMENT # N10723

1. Entity Name

GOLD COAST QUILTER'S GUILD, INC.

Principal Place of Business

Mailing Address

716 NW 6 DRIVE
P O BOX 2573
BOCA RATON FL 33486
US

716 NW 6TH DR
P O BOX 2573
BOCA RATON FL 33486
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2524521

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

HILL, JANE
716 NW 6TH DRIVE
BOCA RATON FL 33486

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 **PD** ☒ Delete
NAME **ROBINSON, ROBINETTE**
STREET ADDRESS **4218 NW 3 AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33431-4106**

TITLE **PD** ☐ Change ☒ Addition
NAME **DEFRANCES, JEAN S**
STREET ADDRESS **6451 PARKVIEW DR**
CITY-ST-ZIP **BOCA RATON FL 33433-6638**

TITLE **VPD** ☒ Delete
NAME **CORNELL, JUDY**
STREET ADDRESS **400 SEA SAGE DR APT 1106**
CITY-ST-ZIP **DELRAY BEACH FL 33483-8787**

TITLE **D** ☐ Change ☒ Addition
NAME **WILLEVER, JAYNE**
STREET ADDRESS **21784 LITTLE BEAR LN**
CITY-ST-ZIP **BOCA RATON FL 33428-2639**

TITLE **SD** ☐ Delete
NAME **HODGES, CAROL**
STREET ADDRESS **640 NE 23 CT**
CITY-ST-ZIP **POMPANO BEACH FL 33064-5505**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **HILL, JANE**
STREET ADDRESS **716 NW 6 DR**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **PIASCIAK, BONNIE**
STREET ADDRESS **9586 PARKVIEW AVE**
CITY-ST-ZIP **BOCA RATON FL 33428**

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)