

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11091

1. Entity Name

THE FLORIDA TROPICAL WEAVERS' GUILD, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90156 042 \*\*\*\*61.25

Principal Place of Business

304 MINDY DR  
LARGO FL 33771  
US

Mailing Address

304 MINDY DR  
LARGO FL 33771-1039  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2594785

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

PIOTTER, JUDITH C  
304 MINDY DR  
LARGO FL 33771

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

*Judith C. Piotter*

1/14/00

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 CARR, SANDRA  
STREET ADDRESS 1020 BEE POND  
CITY-ST-ZIP PALM HARBOR FL

TITLE PD ☒ Change ☐ Addition  
NAME KAREN WOODS  
STREET ADDRESS 17606 LAKELAND DR  
CITY-ST-ZIP ODESSA FL 33556

TITLE VD ☐ Delete  
NAME MCDONALD, JANET  
STREET ADDRESS 3902 ARLINGTON DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VD ☒ Change ☐ Addition  
NAME CANDY BARBAG  
STREET ADDRESS 21478 SWEETWATER LA S.  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE TD ☐ Delete  
NAME PIOTTER, JUDITH  
STREET ADDRESS 304 MINDY DR  
CITY-ST-ZIP LARGO FL

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

TITLE S ☐ Delete  
NAME COSBY, JULIA  
STREET ADDRESS 20 ORANGE AVE  
CITY-ST-ZIP ROCKLEDGE FL

TITLE S ☒ Change ☐ Addition  
NAME GERALD KOPP  
STREET ADDRESS 2535 RIDGEWAY DR  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Judith C. Piotter* REQUIRED 1/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN37 (9/00)