

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11091

1. Entity Name

THE FLORIDA TROPICAL WEAVERS' GUILD, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90114 039 ****61.25

Principal Place of Business

304 MINDY DR
LARGO FL 33771
US

Mailing Address

304 MINDY DR
LARGO FL 33771
US

2. Principal Place of Business

12016 Lakeshore Dr

Suite, Apt. #, etc.

Clermont, FL

City & State

#

Zip

34711

Country

USA

3. Mailing Address

12016 Lakeshore Dr

Suite, Apt. #, etc.

Clermont FL

City & State

City

Zip

34711

Country

US

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

PIOTTER, JUDITH C
304 MINDY DR
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

Susan Boykin

Street Address (P.O. Box Number is Not Acceptable)

12016 Lakeshore Dr

Clermont

City

FL

Zip Code

34711

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

Susan Boykin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, KAREN 17606 LAKE KEY DR ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OARDAG, CANDY 21478 SWEETWATER LANE BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIOTTER, JUDITH 304 MINDY DR LARGO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPP, GERALD 2535 RIDGEWAY DR KISSIMMEE FL 34796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbag correction	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Boykin, Susan 12016 Lakeshore Dr. Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Susan Boykin Treasurer - Susan Boykin 1-19-01 352-242-9685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)