2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 30, 2000 8:00 am
Secretary of State
08-30-2000 90006 008 ****61.25

DOCUMENT # N48769

1. Entity Name

CALADIUM ARTS & CRAFTS COOPERATIVE, INC.

Principal Place of Business	Mailing Address
24 INTERLAKE BLVD LAKE PLACID FL 33852	24 INTERLAKE BLVD LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

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 65-0339326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, WANDA
3801 CANTORIA AVE
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name SMITH, BARBARA A.
Street Address (P.O. Box Number is Not Acceptable) 1516 HICKORY AVENUE
City LAKE PLACID **FL** Zip Code 33852

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 Barbara A. Smith, President 08-25-00
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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITH, BARBARA A 1516 HICKORY AVE LAKE PALCID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTER, HARRIET R 159 DEANNA DR. LAKE PLACID FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT GAIL TUTTLE 17 OAKWOOD AVE. LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WHITMIRE, HILDA 177 MC COY DR LAKE PLACID FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LILLIAN BEECHER 79 TWIN LAKE RD. LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KUHL, VIRGINIA 1611 FIRST STREET LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLS, CAROL B 213 CATFISH CREEK RD. LAKE PLACID FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ JUANITA RAMSLAND 50 MEADOW CIR. S LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: Barbara A. Smith SIGNATURE REQUIRED BARBARA A. SMITH 08-25-00 863-699-5940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #