2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME O

GNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMÉNT # **N48769** 1. Entity Name CALADIUM ARTS & CRAFTS COOPERATIVE, INC. 04-25-2001 90180 022 ****61.25 Principal Place of Business Mailing Address 24 INTERLAKE BLVD 24 INTERLAKE BLVD LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address New Address 32 F. Interlake Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0339326 Lake Placid Not Applicable Country Zip Country \$8.75 Additional 33852 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gail Tuttle Street Address (P.O. Box Number is Not Acceptable) SMITH, BARBARA A C/O 132 F. Interlake Blvd. 1516 HICKORY AVE LAKE PLACID FL 33852 Lake Flacid. Fl 33852 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Mary Gebhart, President Elect *X** SMITH, BARBARA A NAME NAME 110 Lake Francis Ct. 1516 HICKORY AVE STREET ADDRESS STREET ADDRESS Lake Placid, Fl 33852 CITY-ST-7IP CITY-ST-ZIP LAKE PALCID FL 33852 TITLE ☐ Delete TITLE ☐ Addition President TUTTLE, GAIL NAME NAME Gail Tuttle 17 CORKWOOD AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE PLACID FL 33852 17 Corkwood Avenue, Lake Placid. TITLE ☐ Delete TITLE Pat Mongiello, Secretary BEECHER, LILLIAN NAME NAME 2174 Oak Feach Blvd. STREET ADDRESS 79 TWIN LAKE RD STREET ADDRESS Sebring, Fl 33872 CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP DS Delete TITLE TITLE ☐ Change ☐ Addition KUHL, VIRGINIA NAME NAME STREET ADDRESS 1611 FIRST STREET STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP ☐ Delete Change ☐ Addition RAMSLAND, JUANITA NAME STREET ADDRESS 50 MEADOW CIR, S STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

4-20-01 863-699-5946