

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48769

1. Entity Name

CALADIUM ARTS & CRAFTS COOPERATIVE, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90102 010 ****61.25

Principal Place of Business

Mailing Address

24 INTERLAKE BLVD
LAKE PLACID FL 33852

132 E INTERLAKE BLVD
LAKE PLACID FL 33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0339326

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

TUTTLE, GAIL
C/O 132 E INTERLAKE BLVD
LAKE PLACID FL 33852

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEBHART, MARY 110 LAKE FRANCIS CT LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUTTLE, GAIL 17 CORKWOOD AVE LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEECHER, LILLIAN 79 TWIN LAKE RD LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONGIELLO, PAT 2174 OAK PEACH BLVD SEBRING FL 33872	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSLAND, JUANITA 50 MEADOW CIR, S LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)