

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004929

1. Entity Name

PALM PATCHERS QUILT CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 07345
FT. MYERS FL 33919

P.O. BOX 07345
FT. MYERS FL 33919-0331

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

NOT APPLICABLE

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

VOGLER, INGE
1827 PALACO GRANDE PKWY
CAPE CORAL FL 33904

Leona Smith
3680 Woodstork Ct. SW
Ft Myers, FL 33908-4122

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	P	<input type="checkbox"/> Delete
NAME	SMITH, LEONA	
STREET ADDRESS	3680 WOODSTORK COURT S.W.	
CITY-ST-ZIP	FT. MYERS FL 33908-4122 - PRES.	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEYOUNG, CONNIE	
STREET ADDRESS	5803 LITTLESTONE CT.	
CITY-ST-ZIP	N. FT MYERS FL 33903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HORVATH, ANNE	
STREET ADDRESS	13252 WHITE MARSH LANE, UNIT 5	
CITY-ST-ZIP	FT. MYERS FL 33912 Secretary	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REAP, MAY	
STREET ADDRESS	5905 TRAILWINDS DRIVE, UNIT 816	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOGLER, INGE	
STREET ADDRESS	1827 PALACO GRANDE PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna KONGSVICK	
STREET ADDRESS	4408 S.E. 12th Ave.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Leona Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

941-481-1121

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90107 035 ****61.25



DO NOT WRITE IN THIS SPACE