

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90198 043 \*\*\*\*61.25

**DOCUMENT # N96000002397**

Entity Name

**SUNSHINE STATE QUILTERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~1117 ALBRITTON DR~~  
~~TALLAHASSEE FL 32301~~

~~1112 ALBRITTON DR~~  
~~TALLAHASSEE FL 32301~~

2. Principal Place of Business

3. Mailing Address

**304 GROVE ISLE CR**

**304 GROVE ISLE CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**VERO BEACH, FL**

**VERO BEACH, FL**

City & State

City & State

4. FEI Number

**59-3377096**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

Zip **32962**

Country

**Indian River**

Zip **32962**

Country

**Indian River**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS, ANDI M**  
**1117 ALBRITTON DR**  
**TALLAHASSEE FL 32301**

Name **PATRICIA L LESTER**

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

**304 GROVE ISLE CIR**

City **VERO BEACH**

FL

Zip Code

**32962-8501**

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

**Patricia L. Lester**

*Patricia L Lester*

**3-25-01**

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 **D** ☒ Delete  
NAME **REYNOLDS, ANDI M**  
STREET ADDRESS **1117 ALBRITTON DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32301-3265**

TITLE **D** ☐ Delete  
NAME **LESTER, PAT**  
STREET ADDRESS **304 GROVE ISLE CIR., APT B4**  
CITY-ST-ZIP **VERO BEACH FL 32962-8501**

TITLE **D** ☐ Delete  
NAME **SLAUGHTER, BETTY**  
STREET ADDRESS **5835 HOLLYHOCK DR**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete  
NAME **HOUGH, SARAH**  
STREET ADDRESS **3100 COUNTRY CLUB DR**  
CITY-ST-ZIP **LYNN HAVEN FL 32444-5112**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *Patricia L Lester* **Patricia L Lester** **3/25/01** **561-562-9294**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricia L Lester* **4-8-01**

CR2E037 (10/00)