

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004138

1. Entity Name

CAPE CORAL QUILTER'S GUILD, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90044 017 ****61.25

Principal Place of Business

10708 FIRESTONE COURT
N. FORT MYERS FL 33903
US

Mailing Address

10708 FIRESTONE COURT
N. FORT MYERS FL 33903-6605
US

2. Principal Place of Business

2010 NE 2nd Terr.
Suite, Apt. #, etc.

CAPE CORAL

City & State
FL 33909

Zip
33909

Country
USA

3. Mailing Address

2010 NE 2nd Terr.
Suite, Apt. #, etc.

CAPE CORAL

City & State
FL

Zip
33909

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0531408

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTKOWSKI, PATRICIA
2010 NE 2ND TERR
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

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

James

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: Patricia Bartkowski

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/2000

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	PD	<input type="checkbox"/> Delete
NAME	STERNBERG, CLAUDIE	
STREET ADDRESS	10708 FIRESTONE COURT	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACOBS, MARY ANN	
STREET ADDRESS	2130 S.W. 39TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOTTA, RUSTY	
STREET ADDRESS	2811 6TH ST	
CITY-ST-ZIP	W LEHIGH ACRES FL 33971	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARTKOWSKI, PATRICIA	
STREET ADDRESS	2010 NE 2ND TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ann Jacobs	
STREET ADDRESS	2130 SW 39th Terr.	
CITY-ST-ZIP	CAPE CORAL, FL. 33914-5405	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA BARTKOWSKI	
STREET ADDRESS	2010 NE 2nd Terr.	
CITY-ST-ZIP	CAPE CORAL, FL. 33909	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Crawford	
STREET ADDRESS	1425 Wellington CT.	
CITY-ST-ZIP	CAPE CORAL, FL. 33904-9712	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTI Schleig	
STREET ADDRESS	1918 SE Everest Parkway	
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: Patricia Bartkowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/2000

Daytime Phone #

(R2E037 (9/99))