

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90200 004 ****61.25

DOCUMENT # N96000004138

1. Entity Name

CAPE CORAL QUILTER'S GUILD, INC.



Principal Place of Business

2010 NE 2ND TERRACE
CAPE CORAL FL 33909
US

Mailing Address

2010 NE 2ND TERRACE
CAPE CORAL FL 33909
US

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 **65-0531408**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Bartkowski

4/18/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAKOWSKI, PATRICIA	
STREET ADDRESS	2010 NE 2ND TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROSE, CAROL	
STREET ADDRESS	5331 CONGO COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROOK, JANET	
STREET ADDRESS	1335 TORREYA CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLET, PATSY	
STREET ADDRESS	4258 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL ROSE	
STREET ADDRESS	5331 CONGO COURT	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCEA KBIKOWSKY	
STREET ADDRESS	1908 SE 15TH ST.	
CITY-ST-ZIP	CAPE CORAL, FL. 33990	
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		

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

4/18/2003 239-593-6337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)