

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716344

1. Entity Name

**WOMEN'S CHAMBER OF COMMERCE OF THE GREATER GULF BEACHES, INC.**

Principal Place of Business

Mailing Address

429 88TH AVE., ST. PETE BCH., FL 33706  
P.O. BOX 9206  
TREASURE ISLAND FL 33740

P.O. BOX 47402  
ST. PETERSBURG FL 33743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, JEAN MARIE**  
**255A 110TH AVENUE**  
**TREASURE ISLAND FL 33706**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDT, LORETTA 5840 SKIMMER PT SOUTH GULFPORT FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUARDIA, JERRY 5373 MAGNOLIA TRAIL PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMISTON, NANETTE 6927 SOUTH SHORE DRIVE SOUTH SAINT PETERSBURG FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRELL, RITA 207 180TH AVENUE E REDINGTON SHORES FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZEMER, RUTH A. 6472 FAIRWAY VIEW BLVD. ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUARDIA, JERRY 5373 MAGNOLIA TRAIL PINELLAS PARK FL 33782	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMISTON, NANETTE 6927 S. SHORE DR. S S. PASADENA, FL 33707	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDT, LORETTA 5840 SKIMMER PT SOUTH GULFPORT, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** NANETTE EDMISTON *Nanette Edmiston* **TD** 4/2/02 727-345-0304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90087 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6189461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

CR2E037 (9/01)