

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743614

1. Entity Name

INSURANCE WOMEN OF JACKSONVILLE, FLORIDA, INCORP

Principal Place of Business

P.O. BOX 19776
JACKSONVILLE FL 32245-9776

Mailing Address

P.O. BOX 19776
JACKSONVILLE FL 32245-9776

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ANDREWS, SHARON C CPW
12429 VALPRASO TRAIL
JACKSONVILLE FL 32223

S/b Treasurer per office bylaws.

7. Name and Address of New Registered Agent

Name **JANE FARISH, CPIW**

Street Address (P.O. Box Number is Not Acceptable)
12333 VALPARISO TRAIL

City **JACKSONVILLE**

FL

Zip Code **32223**

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 *Jane W. Farish, CPIW*

(NOTE: Registered Agent signature required when reinstating)

need Jane to sign Treasurer

4/6/01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMAYADA, TERRY 12429 VALPARISO TRAIL JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOYKIN, KATHY 1723 PARK TERR. E. JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JOCELYN A 12227 ROCHFORD LN JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS CARR, DIANA 5446 HICKSON ROAD JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALDO, PENNY 5325 RIDGE CREST AVE JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYKIN, KATHY CPW 11324 RUSTIC PINE CIR JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED LIST
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
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 *Lucy Kazarovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01
Date

904-363-8052
Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90014 043 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

#743614
Document
Insurance Women of Jacksonville, Florida, Inc.
P.O. Box 19776, Jacksonville, FL 32245-9776

523908

P
LUCY KAZAROVICH
13251 COMPANION CIR. S.
JACKSONVILLE FL 32224

D
RHONDA FEDERICO
15775 SAWPIT ROAD
JACKSONVILLE, FL 32226

VP
KATHY BOYKIN
11324 RUSTIC PINE CIR.
JACKSONVILLE FL 32257

D
KATHERINE HARLEY
2441 LAKE LUCINDA DR. N.
JACKSONVILLE, FL 32211

VP
TONJA BRADLEY
1171 S. LANE AVE #1313
JACKSONVILLE, FL 32205

D
MARY HANNON
1101 OAKVALE RD.
JACKSONVILLE, FL 32259

S
ROSELYN WATKINS
6512 LOU DR. S.
JACKSONVILLE, FL 32216

D
PENNY WALDO
5325 RIDGECREST AVE.
JACKSONVILLE, FL 32207

S
EVELYN TADROS
13998 CAPTAIN HOOK DR. N
JACKSONVILLE, FL 32224

T
JANE FARISH
12333 VALPARISO TRAIL
JACKSONVILLE FL 32223.

AFFILIATED WITH



(INTERNATIONAL)