

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N05387**

1. Entity Name

**INSURANCE WOMEN OF TALLAHASSEE, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90425 040 \*\*\*\*61.25

Principal Place of Business P O BOX 12516 TALLAHASSEE FL 32317-2516	Mailing Address P O BOX 12516 TALLAHASSEE FL 32317-2516
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2715188</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUDSON, PAULA**  
**RT. 5 BOX 5570**  
**MONTICELLO FL 32344**

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.

SIGNATURE *Paula Hudson* (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATTLES, ANGELA</b> <b>2555 THOMASVILLE RD</b> <b>TALLAHASSEE FL 32317</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HUDSON, PAULA</b> <b>RT. 5 BOX 5570</b> <b>MONTICELLO FL 32344</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWK, JOAN B</b> <b>2100 DARNEY CIRCLE</b> <b>TALLAHASSEE FL 32303</b> <input checked="" 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	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robin Mattheiss</b> <b>8129 Bucklake Rd</b> <b>Tallahassee, FL 32311</b> <input type="checkbox"/> Change <input checked="" 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	<b>P</b> <b>Paul Long</b> <b>2943 Tewksbury Trace</b> <b>Tallahassee, FL 32311</b> <input type="checkbox"/> Change <input checked="" 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: *Signature Required* **4/17/00** **(850) 485-5700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #