

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90003 003 ****61.25

DOCUMENT # N33957

1. Entity Name

GULFCOAST EXECUTIVE WOMEN, INC.

Principal Place of Business

Mailing Address

~~% LINDA S. GRIFFIN
 1455 COURT ST
 CLEARWATER FL 34616~~

~~% LINDA S. GRIFFIN
 1455 COURT ST
 CLEARWATER FL 33756-6161~~

100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

414 TURNER STREET

414 TURNER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER, FL 33756

City & State
Clearwater, FL 33756

4. FEI Number
56-7435633

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GRIFFIN, LINDA S.
 1455 COURT ST
 CLEARWATER FL 34616~~

Name
VIRGINIA J TREFZ
 Street Address (P.O. Box Number is Not Acceptable)
414 TURNER STREET
 City
CLEARWATER, FL FL Zip Code
33756

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 VIRGINIA J TREFZ

Virginia J Trefz

1-21-2000

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	D ANTON, KIM 1583 S BELCHER RD CLWTR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SCHIAVO, KIMBERLY J. 2555 ENTERPRISE ROAD CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULDER, LUBA 1460 BELCHER RD SO CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREFZ, VIRGINIA 414 TURNER ST CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASOR, CAROL 8131 140TH ST. NORTH SEMINOLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, CAROLE 11151 66TH ST. NO. STE 301 LARGO FL 33773	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Larsen 1021 WOODACRES AVE SAFETY HARBOR, FL 33760 Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DR REGINA BENNETT 1201 SOUTH HIGHLAND AVE SUITE 8 CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DIANE MCCOLLUM 1150 17th STREET PALM HARBOR, FL 34683	<input checked="" 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:

SIG Virginia J Trefz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA J. TREFZ (27)
 1-21-2000 449-1043
 Date Daytime Phone #

CR2E037 (9/99)