

# 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

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

Mailing Address

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

2. Principal Place of Business

**414 TURNER STREET**

Suite, Apt. #, etc.

3. Mailing Address

**414 TURNER STREET**

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

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

7. Name and Address of New Registered Agent

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

**1-21-2000**

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 **D** ☐ Delete  
NAME **ANTON, KIM**  
STREET ADDRESS **1583 S BELCHER RD**  
CITY-ST-ZIP **CLWTR FL**

TITLE **PE** ☐ Delete  
NAME **SCHIAVO, KIMBERLY J.**  
STREET ADDRESS **2555 ENTERPRISE ROAD**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **S** ☒ Delete  
NAME **MULDER, LUBA**  
STREET ADDRESS **1460 BELCHER RD SO**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **T** ☐ Delete  
NAME **TREFZ, VIRGINIA**  
STREET ADDRESS **414 TURNER ST**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ Delete  
NAME **RASOR, CAROL**  
STREET ADDRESS **8131 140TH ST. NORTH**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☒ Delete  
NAME **WALKER, CAROLE**  
STREET ADDRESS **11151 66TH ST. NO. STE 301**  
CITY-ST-ZIP **LARGO FL 33773**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Susan Larsen**  
STREET ADDRESS **1021 WOODACRES AVE**  
CITY-ST-ZIP **SAFETY HARBOR, FL 33760**  
**Secretary**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **DR REGINA BENNETT**  
CITY-ST-ZIP **1201 SOUTH HIGHLAND AVE SUITE 8**  
**CLEARWATER, FL 33756**

TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **DIANE MCCOLLUM**  
CITY-ST-ZIP **1150 17th STREET**  
**PALM HARBOR, FL 34683**

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 (G27)**  
**1-21-2000 449-1043**

Date

Daytime Phone #

CR2E037 (9/99)