

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003500

1. Entity Name

WEST PINELLAS NATIONAL ORGANIZATION FOR WOMEN, I R

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90029 035 ****61.25

Principal Place of Business

14125 YACHT CLUB BLVD
 SEMINOLE FL 33776-1211
 US

Mailing Address

14125 YACHT CLUB BLVD
 SEMINOLE FL 33776-1211
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3200071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~MOORE, KAY~~
 450 78TH AVE
 ST PETERSBURG BEACH FL 33706

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

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
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	JOCHUM, JANICE	
STREET ADDRESS	14125 YACHT CLUB BLVD	
CITY-ST-ZIP	SEMINOLE FL 33776-1211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, KAY	
STREET ADDRESS	450 78TH AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706-1712	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMONETTI, SHARON	
STREET ADDRESS	12800 VONN RD APT 8601	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACON, MONNA	
STREET ADDRESS	800 HIGHLAND AVE SOUTH	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Sharon Simonetti
 SHARON SIMONETTI

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

Date

727-537-7000 x3119

Daytime Phone #

CR2E037 (5/00)