

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006171

1. Entity Name

INSURANCE WOMEN OF ST. PETERSBURG, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90095 018 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 60442 ST PETERSBURG FL 33784-0442	P.O. BOX 60442 ST PETERSBURG FL 33784-0442

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, KATHARINE J
859 37TH AVE NE
ST PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name: GINGER K. HAYES
Street Address (P.O. Box Number is Not Acceptable): 8849 MAGNOLIA Dr.
City: Seminole FL Zip Code: 33777

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: *Ginger K. Hayes* 3/28/00
(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
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10. OFFICERS AND DIRECTORS

TITLE	T	☒ Delete
NAME	COPECHAL, JUDY	
STREET ADDRESS	12481 ROSE ST	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	P	☒ Delete
NAME	PORTER, NANCYE	
STREET ADDRESS	4160 POMPANO DRIVE SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	PE	☐ Delete
NAME	LOGES, EVELYN L	
STREET ADDRESS	5034 7TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	☐ Delete
NAME	GRUNDMAN, CHRIS	
STREET ADDRESS	11309 STARKEY RD	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	D	☒ Delete
NAME	LINDEN, DENISE	
STREET ADDRESS	9100 9TH AVE N., #204	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	☐ Change ☒ Addition
NAME	BARBARA A. SMALL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V P	☐ Change ☒ Addition
NAME	Ginger K. Hayes	
STREET ADDRESS	8849 MAGNOLIA Dr.	
CITY-ST-ZIP	Seminole FL. 33777	
TITLE	P	☒ Change ☐ Addition
NAME	Loges, EVELYN L.	
STREET ADDRESS	5034 7th Ave N.	
CITY-ST-ZIP	ST Petersburg FL 33773	
TITLE	T	☒ Change ☐ Addition
NAME	GRUNDMAN, Chris	
STREET ADDRESS	11309 Starkey Rd.	
CITY-ST-ZIP	Largo FL 33773	
TITLE	D	☐ Change ☒ Addition
NAME	MELANIE C. SCOTT	
STREET ADDRESS	HULL + CO. AVE N.	
CITY-ST-ZIP	1990-74th Ave N. ST Petersburg FL 33702	
TITLE		☐ Change ☐ 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: *SIGNATURE OF EVELYN L. LOGES* 3/28/00 800-765-9700 X 2093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)