# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Jun 22, 2001 8:00 am**
**Secretary of State**
05-14-2001 90053 005 ****61.25

DOCUMENT # N94000006171

1. Entity Name

INSURANCE WOMEN OF ST. PETERSBURG, INC.

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

0421

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-6152191 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MILLER, KATHARINE J<br>859 37TH AVE NE<br>ST PETERSBURG FL 33704 | Name: Ginger K. Hayes<br>Street Address (P.O. Box Number Is Not Acceptable): 8849 Magnolia Drive<br>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, President Ginger K. Hayes 9 April 2001
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 | T<br>COPECHAL, JUDY<br>12481 ROSE ST<br>SEMINOLE FL 33772 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Cantrell, Ashley<br>1032 15th Ave N.<br>St. Petersburg, FL 33704 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PORTER, NANCYE<br>4160 POMPANO DRIVE SE<br>ST. PETERSBURG FL 33701 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Hayes, Ginger K.<br>8849 Magnolia Dr.<br>Seminole, FL 33777 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>LOGES, EVELYN L<br>5034 7TH AVE N<br>ST PETERSBURG FL 33710 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Scott, Melonie<br>1990 74th Ave No.<br>St. Petersburg, FL 33702 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRUNDMAN, CHRIS<br>11309 STARKEY RD<br>LARGO FL 34643 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Sharon Nash<br>2054 Barcelona Way So.<br>St. Petersburg, FL 33712 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LINDEN, DENISE<br>9100 9TH AVE N., #204<br>ST. PETERSBURG FL 33701 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Alycia N. Hooper<br>5030 94th Ave No.<br>Pinellas Park, FL 33782 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Debbie Bailey<br>2505 East Bay Drive #80<br>Largo, FL 33771 | ☐ Change ☒ Addition |

CR2E037 (10/00)

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:** Ginger K. Hayes President SIGNATURE REQUIRED Ginger K. Hayes 9 April 2001 (727) 578-2800 Ext 312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #