# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2003 8:00 am**
**Secretary of State**
01-31-2003 90110 003 ****61.25

DOCUMENT # N94000006171

60011696

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 |

☒ CHECK HERE IF MAKING CHANGES

| 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 |
|---|---|
| HAYES, GUNGER K<br>8849 MAGNOLIA DRIVE<br>SEMINOLE FL 33777 | Name SHARON NASH<br>Street Address (P.O. Box Number is Not Acceptable) 2054 BARCELONA Way S<br>City St Petersburg FL Zip Code 33712. |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sharon M. Nash SHARON NASH 1/28/03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CANTRELL, ASHLEY<br>1032-15TH AVE NORTH<br>SAINT PETERSBURG FL 33704 | ☒ Delete | S<br>Stephanie Moore<br>826 63rd Ave So.<br>St Petersburg, FL 33705 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HAYES, GUNGER K<br>8849 MAGNOLIA DRIVE<br>SEMINOLE FL 33777 | ☒ Delete | T<br>Candice K. Robinson<br>9560-118th Street No<br>Seminole, FL 33772 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>YUNGEL, ALANE<br>13439 ALPINE AVE<br>SEMINOLE FL 33776 | ☒ Delete | VP<br>Patricia Toerner<br>2642 Oakbrook Drive<br>Largo, FL 33770 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>NASH, SHARON<br>2054 BARCELONA WAY S<br>SAINT PETERSBURG FL 33712 | ☐ Delete | P<br>NASH, SHARON<br>2054 Barcelona Way So<br>St Petersburg, FL 33712 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOEPER, ALYCIA N<br>5030 94TH AVENUE N<br>PINELLAS PARK FL 33782 | ☒ Delete | D<br>Denise Linden<br>8271-27th Ave NO<br>St Petersburg, FL 33710-2805 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAILEY, DEBBIE<br>2505 EST BAY DRIVE, #80<br>LARGO FL 33771 | ☒ Delete | D<br>Nancye Porter<br>4160 Pompano Drive SE<br>St Petersburg, FL 33705 | ☐ Change ☒ Addition |

CR2E037 (10/02)

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 M. Nash 1/28/03 (727) 578-2800 X314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #