

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000001171**

1. Entity Name

WOMEN ELECTED TO MUNICIPAL GOVERNMENT IN FLORIDA**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90083 018 ****61.25

Principal Place of Business

**3528 MAJESTIC OAKS DRIVE
JACKSONVILLE FL 32277**

Mailing Address

**% GEORGE M. JIROTKA, ESQ.
601 CLEVELAND, SUITE 800
CLEARWATER FL 33755**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522789

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

7. Name and Address of New Registered Agent

**JIROTKA, GEORGE M ESQ.
601 CLEVELAND ST.
SUITE 800
CLEARWATER FL 33755**

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**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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	HALVORSEN, JEAN M		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	79 ROYAL PALM CIRCLE		LARGO FL 33778				
	D	<input type="checkbox"/> Delete	LUDWIG, HELEN		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	3528 MAJESTIC OAKS DRIVE		JACKSONVILLE FL 32277				
	D	<input type="checkbox"/> Delete	MIRSKY, LEE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	6501 NW 54TH COURT		LAUDERHILL FL 33319				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01 (904) 743-6042