

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90180 028 ****61.25

DOCUMENT # N98000001171

1. Entity Name

**WOMEN ELECTED TO MUNICIPAL GOVERNMENT IN FLORIDA
INC.**

Principal Place of Business

3528 MAJESTIC OAKS DRIVE
JACKSONVILLE FL 32277

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3528 Majestic Oaks Drive

Jacksonville, FL

32277

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3522789

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

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

Street Address (P.O. Box Number is Not Acceptable)

501 E. Kennedy Blvd, Suite 1700

City

Tampa

FL

Zip Code

33602

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

George M. Jirotk
Signature, typed or printed name of registered agent and, if applicable,

George M. Jirotk

January 9, 2002

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Helen Ludwig* **HELEN LUDWIG 4-17-02 (904) 743-6042**

CR2E037 (9/01)