

2001 UNIFORM BUSINESS REPORT (UBR)

3. **FILED**
Apr 20, 2001 8:00 am
Secretary of State

03-05-2001 90360 037 ****61.25

DOCUMENT # 730920

1. Entity Name

PARENTS WITHOUT PARTNERS GASPARILLA CHAPTER NO.

Principal Place of Business

P.O. BOX 8805
TAMPA FL 33674

Mailing Address

P.O. BOX 8805
TAMPA FL 33674

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

23-7267772

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

Name

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

City

FL

Zip Code

LEMPART, LAWRENCE A
1601 W. SLUGH AVENUE
TAMPA FL 33604

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

TITLE PD ☒ Delete
NAME HOLTON, MELODY
STREET ADDRESS 8818 D CRESTVIEW DR.
CITY-ST-ZIP TAMPA FL 33604

TITLE SD ☒ Delete
NAME MITCHELL, JAMES
STREET ADDRESS 16915 FILLY LANE
CITY-ST-ZIP ODESSA FL 33556

TITLE TD ☐ Delete
NAME JUDD, TESSA
STREET ADDRESS 15419 PLANTATION OAKS DR. 16
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME JoAnn Sommers
STREET ADDRESS PO Box 273593
CITY-ST-ZIP Tampa FL 33688

TITLE ☒ Change ☐ Addition
NAME Mylisa Cartmill
STREET ADDRESS PO Box 4155
CITY-ST-ZIP Brandon, FL 33509

TITLE TD ☒ Change ☐ Addition
NAME JUDD, TESSA
STREET ADDRESS 6301-D MARKSTOWN DR
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (10/00)