

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727968

1. Entity Name

PARENTS WITHOUT PARTNERS, GOLD COAST CHAPTER 248

Principal Place of Business

3701 N.E. 18 TERRACE
POMPAN BEACH FL 33064
US

Mailing Address

P.O. BOX 2757
BOCA RATON FL 33427
US

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

23-7011519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMAHON, JUANITA
1901 N.W. 1 AVE
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name RAPHAEL, MARCIA

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

7548 PINENALK DRIVE SOUTH

City

MARGATE

FL

Zip Code

33063

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

Marcia Raphael MARCIA RAPHAEL

1-24-00

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	<input checked="" type="checkbox"/> Delete
NAME	MCMAHON, JUANITA	
STREET ADDRESS	1901 N.W. 1 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLISON, JEANETTE	
STREET ADDRESS	3921 S.W. 59 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, LAONA	
STREET ADDRESS	3402 DEERCREEK PALLADIAN CIR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LAONA	
STREET ADDRESS	3402 DEERCREEK PALLADIAN CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, J.W.	
STREET ADDRESS	200 NE 28 ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPHAEL, MARCIA	
STREET ADDRESS	7548 PINENALK DRIVE SOUTH	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Laona Allen LAONA ALLEN

Date

1/24/00 954-421-1025

Daytime Phone #

CR2E037 (9/99)