

2001 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

RAPHAEL, MARIA MARCIA
7548 PINEWALK DR S
MARGATE FL 33063

7. Name and Address of New Registered Agent

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

Marcia Raphael

MARCIA RAPHAEL

1-8-01

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 ALLEN, LAONA
STREET ADDRESS 3402 DEERCREEK DALLADIAN CIR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE SD ☒ Delete
NAME ELLISON, JEANETTE
STREET ADDRESS 3921 S.W. 59 AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE TD ☐ Delete
NAME ALLEN, LADNA
STREET ADDRESS 3402 DEERCREEK PALLADIAN CIR.
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VD ☐ Delete
NAME SMITH, J.W.
STREET ADDRESS 200 NE 28 RD
CITY-ST-ZIP BOCA RATON FL 33431

TITLE TD ☐ Delete
NAME RAPHAEL, MARCIA
STREET ADDRESS 7548 PINEWALK DR S
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ALLEN, LAONA PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 10899 NW 62 COURT
CITY-ST-ZIP PARKLAND, FL 33076

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

TITLE ALLEN, LAONA SD ☒ Change ☐ Addition
NAME
STREET ADDRESS 10899 NW 62 COURT
CITY-ST-ZIP PARKLAND FL 33076

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:

Marcia Raphael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA RAPHAEL

1-8-01

561 347-8424

Date

Daytime Phone #

CR2E037 (10/00)

0082244

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90039 032 ****61.25

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DO NOT WRITE IN THIS SPACE