

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90091 010 ****61.25

DOCUMENT # 727968

1. Entity Name

PARENTS WITHOUT PARTNERS, GOLD COAST CHAPTER 248, INC.



Principal Place of Business

**3701 N.E. 18 TERRACE
POMPANO BEACH FL 33064
US**

Mailing Address

**P.O. BOX 2757
BOCA RATON FL 33427
US**

2. Principal Place of Business

3. Mailing Address

3701 NE 18TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH FL

Zip

Country

Zip

Country

33064

BROWARD

4. FEI Number **NOT APPLICABLE**

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

**LASHLEY, GLENN
2263 N.W. 3 AVE
BOCA RATON FL 33431**

Name

JEFFREY A. OSHINSKY

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

3810 NW 4TH AVE

City

POMPANO BEACH

FL

Zip Code

33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | CARADONNA, SANDRA | |
| STREET ADDRESS | 321 S.E. 2ND AVE. | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ELLISON, JEANETTE | |
| STREET ADDRESS | 3921 S.W. 59TH AVE. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | LASHLEY, GLENN | |
| STREET ADDRESS | 2263 NW 3 AVE | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| 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 | | |

| | | |
|----------------|-------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEFFREY A. OSHINSKY | |
| STREET ADDRESS | 3810 NW 4TH AVE | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEANETTE ELLISON | |
| STREET ADDRESS | 3921 SW 59TH AVE | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33023 | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CONNIE BENINGTON | |
| STREET ADDRESS | 4751 NW 10TH CT # 102 | |
| CITY-ST-ZIP | PLANTATION, FL 33313 | |
| 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: **JEFFREY A. OSHINSKY** 7/13/03 94-788-6693

CR2E037 (4/03)