

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90064 045 \*\*\*\*61.25

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**DOCUMENT # 731159**

1. Entity Name  
**PARENTS WITHOUT PARTNERS, GREATER HOLLYWOOD CHAP**

Principal Place of Business <b>18871 NW 2ND STREET PEMBROKE PINES FL 33029</b>	Mailing Address <b>18871 NW 2ND STREET PEMBROKE PINES FL 33029</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>23-7188602</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KRIDOS, MARIE**  
**18871 NW 2ND STREET**  
**PEMBROKE PINES FL 33029**

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 *Marie Kridos* **MARIE Kridos** DATE 4/9/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SUSSMAN, ALMA</b> <b>PO BOX 550791</b> <b>DOYIE FL 33355</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEONHARDT, SUSAN A</b> <b>632 NE 7TH AVE #2</b> <b>FT LAUDERDALE FL 33304</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIPEE, HOPE</b> <b>9430 POINCIANA PLACE, #49</b> <b>FT LAUDERDALE FL 33324</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOLL, JACKIE</b> <b>2311 DE SOTO DR.</b> <b>MIRAMAR FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARRASCO, TERRI</b> <b>1231 NW 89TH TERR</b> <b>PEMBROKE PINES FL 33024</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hutchins, LANA</b> <b>1001 NE 14th AVE #101</b> <b>HALLANDALE BEACH FL 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P</b> <b>CAMBER GWEN E</b> <b>1912 N 43rd AVE</b> <b>Hollywood, FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TID</b> <b>MATYISIN, LYNN M.</b> <b>3701 SW 45th AVE</b> <b>Hollywood, FL 33023</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLAYBURN, CAROL A.</b> <b>10101 ACORN LANE</b> <b>PEMBROKE PINES, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANDY, ROCHELLE</b> <b>6017 N.W. 78th TERR</b> <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *ROCHELLE LANDY* **ROCHELLE LANDY** DATE 4-09-01 DAYTIME PHONE # 720-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037(10/00)