

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90032 022 ****61.25

DOCUMENT # 731159

1. Entity Name

PARENTS WITHOUT PARTNERS, GREATER HOLLYWOOD CHAPTER NO. 125, INC.

Principal Place of Business

Mailing Address

**18871 NW 2ND STREET
 PEMBROKE PINES FL 33029**

**18871 NW 2ND STREET
 PEMBROKE PINES FL 33029**

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

23-7188602

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**P HUTCHINS, LANA
 1001 NE 14TH AVENUE # 101
 HALLANDALE BEACH FL 33009**

☒ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**VP CAMBER, GWEN E
 1912 N 43RD AVENUE
 HOLLYWOOD FL 33021**

☒ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**TD MATYISIN, LYNN M
 3701 SW 45TH AVENUE
 HOLLYWOOD FL 33023**

☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**D CLAYBURN, CAROL A
 10101 ACORN LANE
 PEMBROKE PINES FL 33026**

☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**D LANDY, ROCHELLE
 6017 NW 78TH TERRACE
 TAMARAC FL 33321**

☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**P ~~DEBORAH~~ FOSTER, DEBORAH
 5571 S.W. 40 AVE
 FT LAUDERDALE 33314**

☒ Change ☒ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**P KRIDOS, MARIE
 18871 NW 2ND ST - PEMBROKE PINES
 FL 33029**

☐ Change ☒ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
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☐ Change ☐ 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:

SIGNATURE: DEBORAH FOSTER 4/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)