

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90467 029 \*\*\*\*61.25

**DOCUMENT # 731159**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **23-7188602**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. 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

**FILE NOW: FEE IS \$61.25**

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	P	Delete
NAME	FOSTER, DEBORAH	
STREET ADDRESS	5571 SW 40TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	D	Delete
NAME	KRIDOS, MARIE	
STREET ADDRESS	18871 NW 2ND ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	TD	Delete
NAME	MATYISIN, LYNN M	
STREET ADDRESS	3701 SW 45TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	Delete
NAME	CLAYBURN, CAROL A	
STREET ADDRESS	10101 ACORN LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	Delete
NAME	LANDY, ROCHELLE	
STREET ADDRESS	6017 NW 78TH TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	Change	Addition
NAME	DEBBIE MILLER		
STREET ADDRESS	311 NW 87TH DR #207		
CITY-ST-ZIP	PLANTATION FL 33324		
TITLE	VD	Change	Addition
NAME	KEN ERWIN		
STREET ADDRESS	151 BERKLEY RD		
CITY-ST-ZIP	HOLLYWOOD FL 33024		
TITLE	D	Change	Addition
NAME	MICHAEL NOBILI		
STREET ADDRESS	159 LAKEVIEW DR #103		
CITY-ST-ZIP	WESTON FL 33326		
TITLE	D	Change	Addition
NAME	KRIDOS, MARIE		
STREET ADDRESS	18871 NW 2ND ST		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		
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:

*SIGNATURE REQUIRED*  
**KRIDOS**

4/17/03

(954) 433-8220

CR2E037 (10/02)