

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90027 003 \*\*\*\*61.25

**DOCUMENT # 732039**

1. Entity Name

**PARENTS WITHOUT PARTNERS, FORT LAUDERDALE, CHAPT  
ER NO. 157, INC.**

Principal Place of Business

Mailing Address

**9633 RIVERSIDE DR. E-7  
CORAL SPRINGS FL 33071  
US**

**PO BOX 8801  
FT LAUDERDALE FL 33310  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**P.O. Box 9456**

**FT. Laud, FL**

**33310**

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-7011505**

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

**SIVERSEN, ELLEN  
9633 RIVERSIDE DR, E-7  
CORAL SPRINGS FL 33071**

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

*Ellen Siversen*, **Ellen Siversen**

**2/28/02**

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 **DP** ☐ Delete  
NAME **SIVERSEN, ELLEN**  
STREET ADDRESS **9633 RIVERSIDE DR, E-7**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Clifford Martin**  
STREET ADDRESS **3474 N. University Dr**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **DV** ☐ Delete  
NAME **SCHULER, CHARLES**  
STREET ADDRESS **842 BANKS RD**  
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Ellen Siversen**  
STREET ADDRESS **9633 Riverside Dr.**  
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **DS** ☐ Delete  
NAME **SWAILES, SUSAN**  
STREET ADDRESS **9905 RIVERSIDE DR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Sue Rosenberg**  
STREET ADDRESS **2847 Carambola Circle So.**  
CITY-ST-ZIP **Coconut Creek, FL 33066**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Ellen Siversen*, **Ellen Siversen**

Date

Daytime Phone #

**2/28/02 (954)290-5125**

CR2E037 (9/01)