

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90009 025 ****61.25

DOCUMENT # 732814

1. Entity Name

PARENTS WITHOUT PARTNERS, SOUTH BREVARD CHAPTER

Principal Place of Business

Mailing Address

P.O. BOX 410213
 SUNTREE BRANCH
 MELBOURNE FL 32941
 US

P.O. BOX 410213
 SUNTREE BRANCH
 MELBOURNE FL 32941
 US

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

23-7419740

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

FIELD, THOMAS H
325 GRANT AVE
SATELLITE BEACH FL 32937

Name **DANIEL A JAMESON**
 Street Address (P.O. Box Number is Not Acceptable)
4700 FAIRSON ST
COCOA FLA
 City **FL** Zip Code **32927**

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

Daniel A Jameson

04-10-01

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 **PD** ☐ Delete
 NAME **FIELD, THOMAS H**
 STREET ADDRESS **305 GRANT AVE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **WALDKINCH, RENAE**
 STREET ADDRESS **2406 GATTLER ROAD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **PD** ☐ Change ☒ Addition
 NAME **DANIEL A. JAMESON**
 STREET ADDRESS **4700 FAIRSON STREET**
 CITY-ST-ZIP **COCOA, FL 32927**

TITLE **VD** ☐ Delete
 NAME **FERREIRA, JOAN E**
 STREET ADDRESS **375 POLK AVE A2**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **276 POLK AVE, #2**
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **HAMLIN, LAURA**
 STREET ADDRESS **420 PARK AVE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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

TITLE **TD** ☒ Delete
 NAME **CAPUTO, JOHN**
 STREET ADDRESS **1494 WELLINGTON CIRCLE**
 CITY-ST-ZIP **ROCKLEDGE FL 32755**

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

TITLE **VD** ☒ Delete
 NAME **BERLINRUT, DANIEL D**
 STREET ADDRESS **205 BAYHEAD DR**
 CITY-ST-ZIP **MELBOURNE FL 32940**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

321-631-4096

Daytime Phone #

CR2E037 (10/00)