

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742525

1. Entity Name

PARENTS WITHOUT PARTNERS, IMPERIAL POLK CHAPTER

Principal Place of Business

3520 CLEVELAND HEIGHTS BLVD.
APT. 117
LAKELAND FL 33803
US

Mailing Address

3520 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33803-4974
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

13-5663691

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

BRYAN, FRAN
3520 CLEVELAND HEIGHTS BLVD.
APT. 117 - BUILDING 11
LAKELAND FL 33803

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

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 BLALOCK, PATI
STREET ADDRESS 2033 W PATTERSON ST
CITY-ST-ZIP LAKELAND FL

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

TITLE VD ☐ Delete
NAME BRIDGEMAN, BEVERLY
STREET ADDRESS 1033 PENNSYLVANIA AVE SE
CITY-ST-ZIP FT MEADE FL

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

TITLE D ☐ Delete
NAME BRYAN, FRAN
STREET ADDRESS 3520 CLEVELAND HGTS BLVD 117, BLDG 11
CITY-ST-ZIP LAKELAND FL

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

TITLE SD ☐ Delete
NAME GEIS, BERNADINE
STREET ADDRESS 1104 BARTOW RD, P 187
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ Delete
NAME MARKLEY, RUTH A
STREET ADDRESS 1234 REYNOLDS RD 109
CITY-ST-ZIP LAKELAND FL

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

TITLE TD ☐ Delete
NAME LUCAS, KIMBERLY
STREET ADDRESS 5131 HARVARD STREET, W
CITY-ST-ZIP LAKELAND FL 33810

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 another like empowered.

SIGNATURE:

Beverly Bridgeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

863-285-8141
Date Daytime Phone #

CR2E037 (9/99)

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90004 033 ****61.25

DO NOT WRITE IN THIS SPACE