

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752140

1. Entity Name

PARENTS WITHOUT PARTNERS WHITE SANDS CHAPTER NO.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90066 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 724  
FT. WALTON BEACH FL 32549-0724  
US

P.O. BOX 724  
FT. WALTON BEACH FL 32549-0724  
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

23-7419739

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

MERRIOT, WILLA  
548 STAHLMAN AVE.  
DESTIN FL 32541

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 ☐ Delete  
NAME D  
STREET ADDRESS KITAHARA, ROBERT  
CITY-ST-ZIP 390 GARDNER DR.  
FT WALTON BEACH FL 32548

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Geoffrey Jones  
CITY-ST-ZIP 516 Main St. Apt. #1  
Destin, FL 32541

TITLE ☐ Delete  
NAME V  
STREET ADDRESS KING, FAYE  
CITY-ST-ZIP 26 BAYVIEW DR  
SHALIMAR FL 32579

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MERRIOTT, WILLA  
CITY-ST-ZIP 548 STAHLMAN  
DESTIN FL 32541

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS WHITE, MARILY  
CITY-ST-ZIP 406 JUNIPER DR.  
CRESTVIEW FL 32536

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Carol Kelly  
CITY-ST-ZIP 3871 Indian Trail # 8A  
Destin FL 32541

TITLE ☐ Delete  
NAME T  
STREET ADDRESS YOUNG, GAYLE  
CITY-ST-ZIP 301 BENNING DR.  
DESTIN FL 32541

TITLE ☒ Change ☐ Addition  
NAME Jo A. Altman, Director  
STREET ADDRESS 699 Lloyd St.  
CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHANICK, VALERIE  
CITY-ST-ZIP 7307 BREWSTER ST.  
NAVARRE FL 32566

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS Paul Broshear  
CITY-ST-ZIP 204 Dogwood Ct.  
Ft. Walton Beach, FL 32547

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: *Willie Merriott* (850) 837-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #