

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763295

1. Entity Name

PARENTS WITHOUT PARTNERS, WEST JACKSONVILLE-ORAN

**FILED**  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90034 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 7443  
JACKSONVILLE FL 32238-4443  
**7443**

P.O. BOX 7443  
JACKSONVILLE FL 32238-0443

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

23-7279289

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

GOBBEL, BARBARA  
8754 PINE VALLEY LANE  
JACKSONVILLE FL 32244

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

*Barbara Gobbel*

1/10/00

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 P  
STREET ADDRESS GOBBEL, BARBARA  
CITY-ST-ZIP 8754 PINE VALLEY LANE  
JACKSONVILLE FL 32244

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BANKS, BRENDA  
CITY-ST-ZIP 437 CLEVELAND AVE  
ORANGE PARK FL 32065

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS RHODES, ROBERT  
CITY-ST-ZIP 9135 GLENPOWER CT  
JACKSONVILLE FL

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

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS EGART, CAROLYN N  
CITY-ST-ZIP 8634 STUBBRIDGE CIR N  
JACKSONVILLE FL

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS Eileen Ziem  
CITY-ST-ZIP 199 Neptune Rd  
Orange Park FL 32073

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RIGDON, SHIRLEY  
CITY-ST-ZIP 5123 BLACKBURN ROAD  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS HUGHES, MARY E  
CITY-ST-ZIP 8546 OLD ORANGE PARK RD  
ORANGE PARK FL 32073

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:

*Eileen Ziem*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

Daytime Phone #

CR2E037 (9/99)