

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001555

DOCUMENT # 763295

1. Entity Name  
PARENTS WITHOUT PARTNERS, WEST JACKSONVILLE-ORANGE PARK AREA CHAPTER NO. 587, INC.

Principal Place of Business  
P.O. BOX 441141  
JACKSONVILLE FL 32222-1141

Mailing Address  
P.O. BOX 441141  
JACKSONVILLE FL 32222-1141

FILED

02 DEC -2 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-7279289

Applied For  
Not Applicable

Zip Country

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Ellen Hughes 10/4/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25:

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PRESIDENT D Joyce Damas 8871 TARUS CIRCLE South JACKSONVILLE, FL 32222 ☒ Change ☐ Addition

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Louis Folker D 4299 Melissa Court West Jacksonville, FL 32210 ☒ Change ☐ Addition

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
S ZIEM, EILEEN 199 HEPSTUGE RD ORANGE PARK FL 32073 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
800009296308 12/02/02--01039--019 \*\$61.25 ☐ Change ☐ Addition

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Treasurer D Mary Ellen Hughes 8546 OLD ORANGE PARK RD ORANGE PARK, FL 32073 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 TREASURER 10-4-02 804-278-1867

CR2E037 (4/02)