

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 815663

1. Entity Name

PARENTS WITHOUT PARTNERS, INC.

Principal Place of Business

401 NO MICHIGAN AVE
CHICAGO IL 60611
US

Mailing Address

1750 K STREET NW
STE 450
WASHINGTON DC 20006-2328
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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
STE. 105
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PAT BOYD	401 N MICHIGAN AVE	CHICAGO IL 60611	<input type="checkbox"/>
T	KEN WARD	401 N MICHIGAN AVE	CHICAGO IL 60611	<input type="checkbox"/>
D	GEORGIA FRADY	401 N MICHIGAN AVE	CHICAGO IL 60611	<input type="checkbox"/>
SD	MALLETT, CONNIE	22746 CORTES DR	NOVI MI	<input type="checkbox"/>
VPD	JOHNSON, JO	2465 BEECH ST	CUYAHOGA FALLS OH	<input type="checkbox"/>
VPD	FOY, JUDYE	1309 MARIA DR	SULPHUR LA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
* SEE ATTACHED LIST					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

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

01/24/2000

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90030 026 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)