

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13927

1. Entity Name

PARENTS WITHOUT PARTNERS INC. CHAPTER 545, GULF

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90053 044 ****61.25

Principal Place of Business

Mailing Address

P O BOX 60935
 FT MYERS FL 33906-0935
 US

P O BOX 60935
 FT MYERS FL 33906-6935
 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

23-7178722

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MARCO, GUS
1334 SE 12TH ST
CAPE CORAL FL 33904

Name **FRANK GIORDANO**

Street Address (P.O. Box Number is Not Acceptable)
4021 SE 19TH PL

City **CAPE CORAL** FL Zip Code **33904**

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.

FRANK GIORDANO

SIGNATURE

Frank Giordano

24 MAR 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	P	<input checked="" type="checkbox"/> Delete
NAME	BOCOCK, LORETTA	
STREET ADDRESS	18447 FUCHSIA RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SCHMALSTIG, LEWIS	
STREET ADDRESS	8948 FOREST ST.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DARBY, MARGARET	
STREET ADDRESS	1226 MIRACLE PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WOODS, A. PENNY	
STREET ADDRESS	6142 WHISKEY CREEK DRIVE, #610	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK GIORDANO	
STREET ADDRESS	4021 SE 19TH PL	
CITY-ST-ZIP	CAPE CORAL 33904	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JON HARRISON	
STREET ADDRESS	4201 HAYTON ROGERS LN. #B	
CITY-ST-ZIP	N. FT. MYERS 33903	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM SCHATZAN	
STREET ADDRESS	11031 BALLWEG LANE	
CITY-ST-ZIP	FT. MYERS 33908	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA SANDAHL	
STREET ADDRESS	4608 SE 6TH AVE #2B	
CITY-ST-ZIP	CAPE CORAL 33904	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELMA BORGES	
STREET ADDRESS	8396 BAHAMOS RD	
CITY-ST-ZIP	FT. MYERS 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA STITES	
STREET ADDRESS	1621 NE 16TH TERR	
CITY-ST-ZIP	CAPE CORAL 33909	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

24 MAR 00 941-540-0186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)