

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0083490

03-13-2002 90131 001 ****61.25

DOCUMENT # N13927

1. Entity Name

PARENTS WITHOUT PARTNERS INC. CHAPTER 545, GULF SHORE CHAPTER

Principal Place of Business

Mailing Address

P O BOX 60935
 FT MYERS FL 33906-0935
 US

P O BOX 60935
 FT MYERS FL 33906-0935
 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

BREDEK, SHARON
4717 SW 13TH AVE #207
CAPE CORAL FL 33904

Name **William Dickerson**
 Street Address (P.O. Box Number is Not Acceptable) **16295 Davis Rd, Lot 109**
 City **Ft. Myers** FL Zip Code **33908**

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 *Wm Dickerson*

2-22-2002

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	BREDEK, SHARON	
STREET ADDRESS	4717 SW 13TH AVE. #207	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, JEAN	
STREET ADDRESS	4201 HATTON ROGER LN #8	
CITY-ST-ZIP	N FORT MYERS FL 33903	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANDAHL, DIANA	
STREET ADDRESS	4808 SE 6TH AVE #2B	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STITES, BARBARA	
STREET ADDRESS	1621 NE 16TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Dickerson	
STREET ADDRESS	16295 Davis Rd. Lot 109	
CITY-ST-ZIP	Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Anderson	
STREET ADDRESS	15162 Palm Isle Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Bush	
STREET ADDRESS	1569 Manchester Blvd	
CITY-ST-ZIP	Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David B. Brown	
STREET ADDRESS	1830 Brantley Rd. Apt 13	
CITY-ST-ZIP	Ft. Myers, FL 33907	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

Wm Dickerson 941-466-7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)