

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005442

1. Entity Name

CONCERNED PARENTS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90044 033 ****61.25

Principal Place of Business

ONE CLEARLAKE CENTRE SUITE 1010
250 S AUSTRALIAN AVE
WEST PALM BEACH FL 33401-5012
US

Mailing Address

ONE CLEARLAKE CENTRE SUITE 1010
250 S AUSTRALIAN AVE
WEST PALM BEACH FL 33401-5012
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

65-0571700

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

GELFAND, MICHAEL J
ONE CLEARLAKE CENTRE SUITE 1010
250 S AUSTRALIAN AVE
WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete
NAME GELFAND, MICHAEL J
STREET ADDRESS 250 AUSTRALIAN AVENUE SOUTH, SUITE 1010
CITY-ST-ZIP WEST PALM BEACH FL 33401-5012

TITLE D ☐ Delete
NAME DUGAN, MARIE
STREET ADDRESS 1050 NE 3RD AVENUE
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME KIMBALL, MARY
STREET ADDRESS 1003 NW 6 TERRACE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. S. GELFAND

Date

Daytime Phone #

CR2E037 (10/00)