

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000991

1. Entity Name

PARENTS WITHOUT PARTNERS OSCEOLA COUNTY CHAPTER

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90044 002 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 450983
KISSIMMEE FL 34745-0983
US

P.O. BOX 450983
KISSIMMEE FL 32857-0563
US

2. Principal Place of Business

P.O. Box 570563

3. Mailing Address

P.O. Box 570563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

65-0637253

Applied For

Not Applicable

Zip

Country

32857-0563

USA

Zip

Country

32857-0563

USA

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

WISNESKI, CARL
1329 WELSON ROAD
ORLANDO FL 32837

Name

Douglas Hart

Street Address (P.O. Box Number is Not Acceptable)

4679 Sturbridge Circle

City

Orlando

FL

Zip Code
32812

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

Carl Wisneski

Carl Wisneski, Treasurer

1/20/00

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 VPD ☒ Delete
NAME YOUNG, TINA
STREET ADDRESS 13546 SUMMERTON DR.
CITY-ST-ZIP ORLANDO FL 32824

TITLE PD ☐ Change ☒ Addition
NAME Hart, Douglas
STREET ADDRESS 4679 Sturbridge Circle
CITY-ST-ZIP Orlando, FL 32812

TITLE SD ☒ Delete
NAME BAKRANIA, MARY
STREET ADDRESS 2301 WATER VIEW LOOP
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE VPD ☐ Change ☒ Addition
NAME Grether, Molly
STREET ADDRESS 2780D Curry Ford Rd.
CITY-ST-ZIP Orlando, FL 32806

TITLE PD ☐ Delete
NAME WISNESKI, CARL
STREET ADDRESS 1329 WELSON RD
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32837-6552

TITLE VPD ☒ Delete
NAME BUTLER, JANICE
STREET ADDRESS 1713 MICHIGAN AVENUE
CITY-ST-ZIP ST CLOUD FL 34769

TITLE VPE D ☐ Change ☒ Addition
NAME Silcox, Jean
STREET ADDRESS 430 Eastackwood Ave. Apt D206
CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carl Wisneski

CERTIFIED Carl Wisneski, Treasurer 1/20/00 (407) 828-4226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

N95000000991
807049

P. O. Box 570563
Orlando, FL 32857-0563

January 20, 2000

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

RE: 65-0637253

We would like to change our corporate name from:

Parents Without Partners Osceola County Chapter

to:

Parents Without Partners Chapter 1335

Could you tell us how to go about this change? We no longer meet in Osceola County.
Thank you.

Sincerely,



Carl Wisneski
Treasurer