

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000991**

1. Entity Name

PARENTS WITHOUT PARTNERS OSCEOLA COUNTY CHAPTER

Principal Place of Business

P.O. BOX 570563
ORLANDO FL 32857-0543
US

Mailing Address

P.O. BOX 570563
ORLANDO FL 32857-0543
US

2. Principal Place of Business

P.O. Box 770895
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 770895
Suite, Apt. #, etc.City & State
Orlando, FLCity & State
Orlando, FL

4. FEI Number

65-0637253

Applied For

Not Applicable

Zip
32877-0895Country
USAZip
32877-0895Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, DOUGLAS
4679 STURBRIDGE CIRCLE
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name
Farrell, Kelly
Street Address (P.O. Box Number is Not Acceptable)
11215 Old Harbor Rd.
Apt. 208
City
Orlando FL Zip Code
32837

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HART, DOUGLAS
4679 STURBRIDGE CIRCLE
ORLANDO FL 32812 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
GREYER, MOLLY
27800 CURRY FORD RD.
ORLANDO FL 32806 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WISNESKI, CARL
1329 WELSON RD
ORLANDO FL 32837-6552 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
SILCOX, JEAN
430 EASTACKWOOD AVE. APT D206
MAITLAND FL 32751 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Farrell, Kelly
11215 Old Harbor Rd. Apt 208
Orlando, FL 32837 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPMD
Silcox, Jean
430 E. Packwood Ave. D-206
Maitland, FL 32751 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KELLY FARRELL

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90015 018 ****61.25

00032834



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)