

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000991

1. Entity Name

**PARENTS WITHOUT PARTNERS OSCEOLA COUNTY CHAPTER
1335, INC.**

Principal Place of Business

Mailing Address

P O BOX 77085
ORLANDO FL 32877-0895
US

P O BOX 77085
ORLANDO FL 32877-0895
US

2. Principal Place of Business

3. Mailing Address

P. O. Box 770895

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32877-0895

Country

Orange

4. FEI Number

65-0637253

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

**FARRELL, KELLY
11215 OLD HARBOR RD
APT 208
ORLANDO FL 32837**

Name
Wisneski, Carl

Street Address (P.O. Box Number is Not Acceptable)
1329 Welson Rd.

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

Carl Wisneski

Carl Wisneski

March 26, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WISNESKI, CARL
1329 WELSON RD
ORLANDO FL 32837-6552** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SILCOX, JEAN
430 EASTACKWOOD AVE. APT D206
MAITLAND FL 32751** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Jon Mills
1140 S. Orlando Ave.
Maitland, FL 32751** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FARRELL, KELLY
11215 OLD HARBOR RD APT 208
ORLANDO FL 32837** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPMD
James Tashjian
8345 Bowden Way
Windermere, FL 34876-5300** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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:

Carl Wisneski

REQUIRED

Carl Wisneski

March 26, 2002 (407)828-4226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90905 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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