

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90342 002 \*\*\*\*61.25

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**DOCUMENT # 726409**

1. Entity Name  
**FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, I**

Principal Place of Business <b>939 WOLFE ST          JACKSONVILLE FL 32205          US</b>	Mailing Address <b>939 WOLFE ST          JACKSONVILLE FL 32205          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number **52-1232313** 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**

**BARRIGAR-TUCKER, DEBORAH  
 939 WOLFE ST  
 JACKSONVILLE FL 32205**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	Change	Addition
D/P	BARRIGAR-TUCKER, DEBORAH	939 WOLFE ST	JACKSONVILLE FL 32205	<input type="checkbox"/>	<input type="checkbox"/>
D/V	MCDavid, W.R.	P.O. BOX 5112	JAX FL 32247-5112-	<input type="checkbox"/>	<input type="checkbox"/>
D/P	LONGO, MAUREEN A	14A FULLERWOOD DR.	ST. AUGUSTINE FL 32095	<input type="checkbox"/>	<input type="checkbox"/>
DS	GAGAIN, KELLY	1506 LITTLE BROOK DR.	BRANDON FL 33511	<input type="checkbox"/>	<input type="checkbox"/>
D/T	TUCCELLI, MIKE DR.	339 WILLOW GREEN DR.	ORANGE PARK FL 32073	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Deborah Barrigar-Tucker* 02/20/01 (904) 384-0906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)