

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90199 028 \*\*\*\*70.00

0022859

**DOCUMENT # 726409**

1. Entity Name

**FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, I NC.**

Principal Place of Business

Mailing Address

**939 WOLFE ST  
 JACKSONVILLE FL 32205  
 US**

**939 WOLFE ST  
 JACKSONVILLE FL 32205  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1232313**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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	<b>D/P</b> <b>BARRIGAR-TUCKER, DEBORAH</b> <b>939 WOLFE ST</b> <b>JACKSONVILLE FL 32205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <b>MCDAVID, W.R.</b> <b>P.O. BOX 5112</b> <b>JAX FL 32247-5112</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <b>LONGO, MAUREEN A</b> <b>14-D FULLERWOOD DR.</b> <b>ST. AUGUSTINE FL 32095</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>GAGAIN, KELLY</b> <b>1506 LITTLE BROOK DR.</b> <b>BRANDON FL 38511</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <b>TUCCELLI, MIKE DR.</b> <b>339 WILLOW GREEN SR.</b> <b>ORANGE PARK FL 32073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <b>RICH, LAURA</b> <b>805 - 20th Avenue, West</b> <b>BRADENTON, FL 34205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>Stokem, Beverly</b> <b>318 EASTLAKE DR</b> <b>LAKELAND, FL 33803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <b>Tuccelli, Mike Dr.</b> <b>P.O. BOX 5941</b> <b>GAINESVILLE, FL 32627-5941</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Deborah Barrigar Tucker Date: 3/22/02 Phone: (904) 384-0906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)