

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90266 032 \*\*\*\*70.00

**DOCUMENT # F97000002568**

1. Entity Name

**CLARKE SCHOOL FOR THE DEAF, INCORPORATED**

Principal Place of Business

Mailing Address

47 ROUND HILL ROAD  
 NORTHAMPTON MA 01060

47 ROUND HILL ROAD  
 NORTHAMPTON MA 01060-2123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-2104008**

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

7. Name and Address of New Registered Agent

ALLEN, SUSAN DIRECTR  
 CLARKE-JACKSONVILLE, AUDITORY/ORAL CENTER  
 9857 ST. AUGUSTINE ROAD  
 JACKSONVILLE FL 32257

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

*NOT APPLICABLE, WE ARE NOT REINSTATING.*

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	<b>P</b> GJERDINGEN, DENNIS 83 ROUND HILL ROAD NORTHAMPTON MA 01060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> BALICKI, STEPHEN 83 BANCROFT ROAD NORTHAMPTON MA 01060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRST</b> BARTLETT, CATHERINE-MD 191 NORTH ELM STREET NORTHAMPTON MA 01060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRST</b> BERMAN, MARK 400 RIVERDALE STREET W. SPRINGFIELD MA 01060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRST</b> BRUCE, JOSEPH J 377 WALNUT AVENUE ROXBURY MA 02119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRST</b> COVELL, RICHARD B 72 FOX FARMS ROAD FLORENCE MA 01060	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*SEE ATTACHED LIST FOR BALANCE OF TRUSTEES*

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** *STEPHEN BALICKI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-16-00*

*413-582-1156*

Date

Daytime Phone #

CR2E037 (9/99)

F97000002568

740524

CLARKE SCHOOL FOR THE DEAF/CENTER FOR ORAL EDUCATION  
BOARD OF TRUSTEES

Catherine Bartlett, M.D. (10/95) 191 North Elm Street Northampton, MA 01060 (Randy) Comm: Education & Research		Bus: 413 584-8700 Res: 413 586-8087
Mark Berman (6/96) Yale Genton, Inc. 400 Riverdale Street W. Springfield, MA 01089 (Mary Ann Fiero) Comm: Executive	16 Birch Lane Northampton, MA 01060	Bus: 413 781-1834 Res: 413 586-6582 Fax: 413 788-0171
Reverend Joseph J. Bruce, S.J. (3/92) St. Mary of the Angels Church 377 Walnut Avenue Roxbury, MA 02119 Comm: Education & Research		TTY 617 442-6992 Fax 617 442-6455
Louise Collins (3/99) 116 Pleasantview Avenue Longmeadow, MA 01106-1022		Res: 413-567-5745
Richard B. Covell, (10/67) 72 Fox Farms Road Florence, MA 01060 (Helen) Comm: Building, Finance, Development		Res: 413 584-2226
Gilbert G. Coville (6/75) 11244 S.W. 111th Street Miami, FL 33176 (Alma) Comm: Development		Res: 305 595-1644
Robert F. Danahy (6/77) 13 Brandywine Wayland, MA 01778 (Darryln) Comm: Nominating, Development, Education & Research	Carlin Insurance 233 West Central Street Natick, MA 01760	Bus: 800 649-052 Res: 508 358-6665
Stephen Davis (3/91) American Saw & Manufacturing Co. P.O. Box 15709 Springfield, MA 01115-5709 (Ramona) Comm: Nominating, Finance	46 Oxford Road Longmeadow, MA 01106-1530	Bus: 413 525-3961 Fax: 413 525-5890
James H. Dreikorn (6/86) 42 Elizabeth Circle Longmeadow, MA 01106		Res: 413 567-5123
The Honorable Sean M. Dunphy (1/73) Administrative Office of Probate and Family Court 24 New Chardon Street Boston, MA 02114-4703 Comm: Nominating, Executive	33 King Street Northampton, MA 01060	Bus: 617 788-6600 Res: 413 584-2525 Fax: 617 788-8995