

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000000206**

1. Entity Name

**NORTH CENTRAL FLORIDA ASSOCIATION OF THE DEAF, I
NC.**

Principal Place of Business

Mailing Address

**802 NW SEMINARY ST
MICANOPY FL 32609****P O BOX 651
ARCHER FL 32618-0651**

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

Applied For

☒ Not Applicable5. 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

**HARDY, STEPHEN J II
18311 SW 67TH AVE
ARCHER FL 32182-2717**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	D	☐ Delete
NAME	HARDY, STEPHEN J II	
STREET ADDRESS	18311 SW 67TH AVE	
CITY-ST-ZIP	ARCHER FL 32618	

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

TITLE	D	☐ Delete
NAME	POPE, DONNA	
STREET ADDRESS	1719 NW 23RD AVE #PHD	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	Donna Pope	☒ Change ☐ Addition
NAME	81257 NE 132nd PL	
STREET ADDRESS	Sparr, FL 32192	
CITY-ST-ZIP		

TITLE	D	☒ Delete
NAME	LANGFORD, FRANCES	
STREET ADDRESS	7117 SW ARCHER RD #2434	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	Curtis Ottinger	☐ Change ☒ Addition
NAME	11199 SW 47th Hwy	
STREET ADDRESS	Ft. White, FL 32038	
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	HARDY, CONSTANCE P	
STREET ADDRESS	18311 SW 67TH AVE	
CITY-ST-ZIP	ARCHER FL 32618	

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

TITLE	D	☒ Delete
NAME	VIVALDI, MIQUEL	
STREET ADDRESS	1000 NE 44TH ST	
CITY-ST-ZIP	OCALA FL 34479	

TITLE	Colleen metcalf	☐ Change ☒ Addition
NAME	27 Pecan Drive Loop	
STREET ADDRESS	Ocala, Florida 34472	
CITY-ST-ZIP		

TITLE	D	☒ Delete
NAME	LANGFORD, RANDALL	
STREET ADDRESS	7117 SW ARCHER RD #2434	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	Charles V Flumen	☐ Change ☒ Addition
NAME	5019 E. UNIVERSITY AVE	
STREET ADDRESS	GULF FL. 32601-6071	
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90076 012 ****61.25

00044783



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)