

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90133 035 ****61.25

UBR5036

DOCUMENT # N30800

1. Entity Name

DEAF SERVICE CENTER OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

2400 SE MIDPORT RD.
 STE 209
 PORT ST. LUCIE FL
 US

2400 SE MIDPORT RD.
 STE 209
 PORT ST. LUCIE FL
 US

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

65-0147688

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

KOTTLER, RICHARD J JR
5955 SE RIVERBOAT DRIVE, #623
STUART FL 34997

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 \$61.25**

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 PD
 NAME KULAKOWSKY, GERALDINE ☒ Delete
 STREET ADDRESS 1493 SW THELMA ST
 CITY-ST-ZIP PALM CITY FL 34990

TITLE PD
 NAME Curran, Hugh ☐ Change ☒ Addition
 STREET ADDRESS 1517 SE Crown Street
 CITY-ST-ZIP Port St. Lucie, FL 34983 ☐ Change ☐ Addition

TITLE VD
 NAME FASULA, GREGORY ☐ Delete
 STREET ADDRESS 2500 SE MIDPORT RD STE 26922
 CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE SD
 NAME CASTEEN, BARBARA ☒ Delete
 STREET ADDRESS 7406 WINTER GARDEN PARKWAY
 CITY-ST-ZIP FORT PIERCE FL 34950

TITLE TD
 NAME LECATES, DAVID ☐ Delete
 STREET ADDRESS 18601 KITTY HAWK COURT
 CITY-ST-ZIP PORT ST LUCIE FL 34988

TITLE SD
 NAME Riley, Marge ☐ Change ☒ Addition
 STREET ADDRESS 965 4th Lane
 CITY-ST-ZIP Vero Beach, FL 32962 ☐ Change ☐ Addition

TITLE ED
 NAME KOTTLER, RICK ☐ Delete
 STREET ADDRESS 5955 SOUTHEAST RIVERBOAT DR #201
 CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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: *Richard J. Kottler Jr.* **01/15/01** **335-5546**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)