2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED Feb 09, 2001 8:00 am : Secretary of State DOCUMENT # 702075 1. Entity Name ST. PETERSBURG ASSOCIATION OF THE DEAF, INC. 02-09-2001 90218 046 ****70.00 Principal Place of Business Mailing Address P.O.BOX 2730 P.O.BOX 2730 7190 76TH AVENUE NORTH 7190 76TH AVENUE NORTH PINELLAS PARK FL 34664 PINELLAS PARK FL 34664 2. Principal Place of Business 3. Mailing Address 4861 1010 Suite, Apt. #, etc. Suite, Apt. #; etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number releasbur 59-2498393 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П IvellAS PINELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERRY ICK SOH Street Address (P.O. Box Number is Not Acceptable) NEAL, WILLIAM C. 2232 GLENMOOR RD. N. nu rl **CLEARWATER FL 33764** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITLE ☐ Addition ☐ Change NAME SPENCER, RON NAME STREET ADDRESS STREET ADDRESS 603 E BROAD ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 -TITLE 🖘 VPD_____ . Delete TITI F Change ☐ Addition JOE SHOUPPE NAME BRESSEE, JAMES NAME 2650 PRARCE 10n-# 307 STREET ADDRESS 7100 ULMERTON RD #2103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATON Pl. 33964 LARGO FL 33771 TITLE SD Delete TITLE Change ☐ Addition TERRY Dickson 10 10 IBIS COURT NAME **NEAL, WILLIAM** NAME STREET ADDRESS STREET ADDRESS 2232 GLENMOOR RD. N. CITY-ST-ZIP CITY-ST-7IP DUNEdin, FL 34698 CLEARWATER FL 33764 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME BLAYLOCK, JOHN NAME STREET ADDRESS 2623 SEVILLE BLVD., #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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