

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713464

1. Entity Name

FLORIDA ORAL EDUCATION FOR THE HEARING IMPAIRED,

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90004 001 \*\*\*\*61.25

Principal Place of Business

9132 FRYLAND RD  
ORLANDO FL 32817

Mailing Address

P.O. BOX 533035  
ORLANDO FL 32853-3035  
US

2. Principal Place of Business

2330 Montana St.

Suite, Apt. #, etc.

Orlando FL

City & State

Orlando, FL

Zip

32803

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2126665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAY, FREIDA S  
9132 FRYLAND RD  
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

Beth A. Otto

Street Address (P.O. Box Number is Not Acceptable)

2330 Montana St.

City

Orlando

FL

Zip Code

32803

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

Beth A. Otto, Treasurer

2/20/00

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

TITLE PD ☐ Delete  
NAME PAYNE, SHERRA  
STREET ADDRESS 4002 BUEHMAN ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE TD ☐ Delete  
NAME OTTO, BETH  
STREET ADDRESS 2330 MONTANA ST  
CITY-ST-ZIP ORLANDO FL 32803

TITLE VP ☒ Delete  
NAME STARK, SUZANE  
STREET ADDRESS 5810 DIXIE BELLE RD  
CITY-ST-ZIP PALM BCH GRDS FL 33418

TITLE S ☐ Delete  
NAME NARDANDREA, JANICE  
STREET ADDRESS 733 NW 41 TERRACE  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ Delete  
NAME GAY, FRIEDA  
STREET ADDRESS 9132 FRYLAND RD  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Beth A. Otto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00

Day

407-896-3029

Daytime Phone #

CR2E037 (9/99)