

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741683

1. Entity Name

BAY AREA DEAF SENIOR CITIZENS OF FLORIDA, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90006 002 ****70.00

Principal Place of Business

7190 76 ST N.
P O BOX 2730
PINELLAS PARK FL 34664-9730

Mailing Address

7190 76 ST N.
P O BOX 2730
PINELLAS PARK FL 33780-2730

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

59-1660842

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

BLAYLOCK, JOHN W.
2623 SEVILLE BLVD #101
CLEARWATER FL 34624 33764

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 P
NAME SPENCER, RONALD C. ☒ Delete
STREET ADDRESS 14526 FALL CIR.
CITY-ST-ZIP TAMPA FL

TITLE PD ☒ Change ☐ Addition
NAME MAGGIE DICKERSON
STREET ADDRESS 8632 ROBILINA RD
CITY-ST-ZIP PORT RICHEY FL 34665

TITLE V ☒ Delete
NAME PIERRE LAMONTAGNE
STREET ADDRESS 4568 GREAT LAKES DR S
CITY-ST-ZIP CLEARWATER FL

TITLE VD ☐ Change ☐ Addition
NAME RON SPENCER
STREET ADDRESS 803 E BROAD ST.
CITY-ST-ZIP TAMPA FL 33604

TITLE S ☒ Delete
NAME MARJORIE WOLFE
STREET ADDRESS 2009 PEARCE DR #102
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ Change ☐ Addition
NAME CAROLITA EDWARDS
STREET ADDRESS 2790 RIVERWOOD DR.
CITY-ST-ZIP MULBERRY FL 33560

TITLE T ☐ Delete
NAME BLAYLOCK, JOHN W.
STREET ADDRESS 2623 SEVILLE BLVD #101
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE D ☒ Delete
NAME JOLINE, MARIE D
STREET ADDRESS 601 E. ROSERY RD #604
CITY-ST-ZIP LARGO FL

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

TITLE D ☐ Delete
NAME WILLIAM NEAL
STREET ADDRESS 2232 GLENMOOR RD N
CITY-ST-ZIP CLEARWATER FL

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:

John W. Blaylock

3-25-2000

727-797-7853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #