

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741683

1. Entity Name

BAY AREA DEAF SENIOR CITIZENS OF FLORIDA, INC.

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 34664-9730

2. Principal Place of Business

DAV-9 HALL

Suite, Apt. #, etc.
4801 37th ST. N.

City & State
ST. Petersburg

Zip
FL

Country
Pinellas

3. Mailing Address

2623 Seville Blvd.

Suite, Apt. #, etc.
#101

City & State
Clearwater

Zip
FL

Country
Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1660842

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, RONALD C. 14526 FALL CIR. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIERRE LAMONTAGNE 4568 GREAT LAKES DR S CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARJORIE WOLFE 2009 PEARCE DR #102 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAYLOCK, JOHN W. 2623 SEVILLE BLVD #101 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLINE, MARIE D 601 E. ROSERY RD #604 LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM NEAL 2232 GLENMOOR RD N CLEARWATER FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elizabeth J. Pomroy 6735 54th AVE N. Box 6 Lot 16 ST. Petersburg, FL 33709-1400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE:

John W. Blaylock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 727-792-7853

Date

Daytime Phone #

CR2E037 (10/00)