

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90151 008 ****70.00

DOCUMENT # 741683

1. Entity Name

BAY AREA DEAF SENIOR CITIZENS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

DAV 9 HALL
 4801 37 ST N
 PINELLAS PARK, FL 34664-9730

2623 SEVILLE BV
 101
 CLEARWATER FL 34664-9730

2. Principal Place of Business

3. Mailing Address

SEVILLE RECREATION CENTER
 Suite, Apt. #, etc.
 2641 SEVILLE BLVD.

Suite, Apt. #, etc.

City & State
 CLEARWATER, FL.

City & State

Zip
 33764

Country
 USA

Zip

Country



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

7. Name and Address of New Registered Agent

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

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 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMROY, ELIZABETH J 6735 54 AV N BOX 6 LT 10 SAINT PETERSBURG FL 33709	<input checked="" 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM NEAL 2232 GLENMOOR RD N CLEARWATER FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ROY PARKER 1275 BELCHER ROAD #88 DUNEDIN, FL 34698-5678	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STUDITE WHITMORE 13622 61ST WAY N. CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MAGGIE DICKERSON 8632 ROBILINA RD. PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<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 empowered.

SIGNATURE:

JOHN W. BLAYLOCK

Date

Daytime Phone #

727-797-7853
 ITD

CR2E037 (9/01)