

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90066 040 ****61.25

DOCUMENT # 762534

1. Entity Name

**DEAF AND HARD OF HEARING SERVICES OF VOLUSIA AND
 FLAGLER COUNTIES, INC.**

Principal Place of Business

Mailing Address

**116 S PALMETTO
 STE Q
 DAYTON BEACH FL 32114
 US**

**116 S PALMETTO
 STE Q
 DAYTONA BEACH FL 32114
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH, FL

Zip

Country

Zip

Country

32114

USA

4. FEI Number

59-2185572

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

**SINNOTT, LYNN
 116 S. PALMETTO ST.
 DAYTONA BEACH FL 32114**

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 **PD** ☒ Delete
 NAME **SLATER, HENRY**
 STREET ADDRESS **1205 SUNSET CIR**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE **VD** ☐ Delete
 NAME **MATHWICH, MARY**
 STREET ADDRESS **1133 OCEANSHORE BLVD #1002**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **P.D.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **SENRS, CYNTHIA**
 STREET ADDRESS **5738 JOHN ANDERSON DR**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **SEARS, CYNTHIA** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BURNSIDE, JAN**
 STREET ADDRESS **201 CESSNA BLVD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE **1823 LINDBERG LANE** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **DAYTONA BEACH, FL 32124**

TITLE **D** ☐ Delete
 NAME **MATZAT, FLEIX**
 STREET ADDRESS **197 E LANSDOWN AVE**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **MATZAT, FELIX** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **REX DIETRICH**
 STREET ADDRESS **4660 GOLDEN APPLE STRAIL**
 CITY-ST-ZIP **PORT ORANGE, FL 32129**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02

CR2E037 (9/01)