

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767397

1. Entity Name

DEAF SERVICE CENTER OF PASCO/HERNANDO COUNTIES,

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90169 006 ****70.00

Principal Place of Business 8610 GALEN WILSON BLVD BLDG B. STE. 100 PORT RICHEY FL 34668 US	Mailing Address 8610 GALEN WILSON BLVD. BLDG B. STE. 100 PORT RICHEY FL 34668-5974 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2292221	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWITT, DEBRA
8610 GALEN WILSON BLVD B 100
PORT RICHEY FL 34668

Name **CHRISTOPHER D. WAGNER**
Street Address (P.O. Box Number is Not Acceptable)
8610 GALEN WILSON BLVD B-100
City **PORT RICHEY** FL Zip Code **34668**

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 *Christopher Wagner* **CHRISTOPHER D. WAGNER**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
EXECUTIVE DIRECTOR DATE **1/27/00**

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	ST DIMOND, ALFRED 7717 BALHARBOUR DRIVE NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKUS, IRENE P O BOX 428 NEW PORT RICHEY FL 34656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, DENNIS 5082 WOODBINE ST SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BUCK, JUDY 2288 LAREDO AVENUE SPRING HILL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAMMOND, KEITH 6008 MAIN STREET NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYNES, GLORIA 1420 EXOTIC AVENUE SPRING HILL FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board Dennis K. McCarthy 5082 Woodbine Street Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairwoman Gloria Hynes 1420 Exotic Avenue Spring Hill, FL 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Michelle Shelffo 4101 Tartan Place Tampa, FL 33624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judy Buck 5101 Hunter Ridge Dr. #148 New Port Richey, FL 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Harry Wagner III 3741 Sarazen Drive New Port Richey, FL 34655-2027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Glenn Jacobs 5637 Marine Parkway New Port Richey, FL 34653	<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 an other like empowered.

SIGNATURE: *Dennis K. McCarthy* **DENNIS K. MCCARTHY** DATE **1/27/00** (352) 686-3724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR