

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90020 040 ****70.00

DOCUMENT # 767397

1. Entity Name

DEAF SERVICE CENTER OF PASCO/HERNANDO COUNTIES,

Principal Place of Business

Mailing Address

8610 GALEN WILSON BLVD
 BLDG B. STE. 100
 PORT RICHEY FL 34668
 US

8610 GALEN WILSON BLVD.
 BLDG B. STE. 100
 PORT RICHEY FL 34668
 US

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

59-2292221

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

WAGNER, CHRISTOPHER D
8610 GALEN WILSON BLVD B 100
PORT RICHEY FL 34668

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

Christopher D. Wagner

EXECUTIVE DIRECTOR

1/31/01

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 **COB** ☐ Delete
 NAME **MCCARTHY, DENNIS K**
 STREET ADDRESS **5082 WOODBINE ST**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JEFF THOMAS**
 STREET ADDRESS **8941 FAIRCHILD CT**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **VC** ☒ Delete
 NAME **HYNES, GLORIA**
 STREET ADDRESS **1420 EXOTIC AVE**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **VICE CHAIR** ☐ Change ☒ Addition
 NAME **LIZ WEBER**
 STREET ADDRESS **900 EMERSON RD**
 CITY-ST-ZIP **BROOKSVILLE, FL 34609**

TITLE **ST** ☒ Delete
 NAME **SHELFFO, MICHELLE**
 STREET ADDRESS **4101 TARTAN PL**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **MICHELLE SHELFFO**
 STREET ADDRESS **5715-A Sailfish Drive**
 CITY-ST-ZIP **Lutz, FL 33549**

TITLE **D** ☐ Delete
 NAME **BUCK, JUDY**
 STREET ADDRESS **5101 HUNTER RIDGE DR #148**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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

TITLE **D** ☒ Delete
 NAME **WAGNER, HARRY III**
 STREET ADDRESS **3741 SARAZEN DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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

TITLE **D** ☒ Delete
 NAME **JACOBS, GLENN**
 STREET ADDRESS **5637 MARINE PKWY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **GLENN JACOBS**
 STREET ADDRESS **5637 MARINE PARKWAY**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

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:

Walter A. Kelly
WALTER A. KELLY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 JAN 2001

Date

(352) 686-3831

Daytime Phone #

CR2E037 (10/00)