

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90296 033 \*\*\*\*61.25

**DOCUMENT # N02000008466**

1. Entity Name

**DEAF ADVOCACY NETWORK, INC.**



Principal Place of Business

**6107 MEMORIAL HWY STE E-4  
TAMPA FL 33615**

Mailing Address

**6107 MEMORIAL HWY STE E-4  
TAMPA FL 33615**

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

**59-3751474**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'LEARY, D. MICHAEL  
101 E KENNEDY BLVD STE 2700  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BERTLOFF, JOLENE**  
STREET ADDRESS **1007 E HENRY AVE**  
CITY-ST-ZIP **TAMPA FL 33604-6823**

TITLE **D** ☐ Delete  
NAME **CLEMENTS, BO**  
STREET ADDRESS **18174 PARADISE POINT DRIVE**  
CITY-ST-ZIP **NEW TAMPA FL 33647**

TITLE **D** ☐ Delete  
NAME **COULSTON, BARBARA**  
STREET ADDRESS **8100 6TH STREET NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **D** ☐ Delete  
NAME **DANIELSON, USA**  
STREET ADDRESS **6406 N HUBERT AVE**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Delete  
NAME **ERNEST, MICHAEL**  
STREET ADDRESS **6420 CRESTHILL DRIVE**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☐ Delete  
NAME **FICCA, JOHN**  
STREET ADDRESS **6107 MEMORIAL HWY STE E-4**  
CITY-ST-ZIP **TAMPA FL 33615**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Ramona L. Richardson**  
STREET ADDRESS **546 - 51 STREET SOUTH**  
CITY-ST-ZIP **St. Petersburg, FL 33707-2643**

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

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

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

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

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:** *Barbara Coulston* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28, 2003 (121)*

Date

Daytime Phone #

CR2E037 (10/02)