

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2002 8:00 am  
Secretary of State

03-12-2002 90435 022 \*\*\*\*70.00

0032254

DOCUMENT # N03956

1. Entity Name

DEAF SERVICE CENTER OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

3111 S. DIXIE HWY.  
237  
W.PALM BCH. FL 33405  
US

3111 S. DIXIE HWY  
237  
W.PALM BCH. FL 33405  
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

59-2433417

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

GINDLESPIRGER, JOAN E.  
3111 S. DIXIE HWY  
STE. 237  
W.PALM BCH. FL 33405

Name

SAME

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 D ☐ Delete  
NAME JACKSON, SHARON  
STREET ADDRESS 913 39TH CT  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Change ☒ Addition  
NAME BREGMAN, HOWARD  
STREET ADDRESS 777 SOUTH HAZLER DRIVE # 310E  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE TD ☐ Delete  
NAME LANDOLFI, JOSEPH M JR  
STREET ADDRESS 2800 N MILITARY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Change ☒ Addition  
NAME CARR-PEARLMAN, CLARA  
STREET ADDRESS 2760 S OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE CD ☐ Delete  
NAME BRANCH, LYNN C  
STREET ADDRESS 417 25TH ST  
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Change ☒ Addition  
NAME KUBIS, JOHN  
STREET ADDRESS 6000 NEWPORT VILLAGE WAY  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE VD ☐ Delete  
NAME BORRO, MICHELLE  
STREET ADDRESS 120-1ST WAY  
CITY-ST-ZIP W PALM BEACH FL 33407

TITLE ☐ Change ☒ Addition  
NAME PIERMAN, JOY  
STREET ADDRESS 2737 GEORGIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE M ☐ Delete  
NAME GINDLESPIRGER, JOAN E  
STREET ADDRESS 3111 S DIXIE HIGHWAY #237  
CITY-ST-ZIP W PALM BEACH FL 33405

TITLE ☐ Change ☒ Addition  
NAME PELTZIE, KENNETH  
STREET ADDRESS 2260 RABBIT HOLLOW CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE SD ☐ Delete  
NAME TUGGLE, MARY M  
STREET ADDRESS PO BOX 10763  
CITY-ST-ZIP WEST PALM BEACH FL 33419

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 #

JOAN E GINDLESPIRGER 3/24/02 561-802-3350