

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90101 005 ****70.00

DOCUMENT # N05672

1. Entity Name

DEAF SERVICE CENTER OF MANATEE-SARASOTA COUNTIES

Principal Place of Business

Mailing Address

5107 14TH ST WEST
BRADENTON FL 34207-9431

5107 14TH ST WEST
BRADENTON FL 34207-2431

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

59-2586832

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTMORELAND, DEBBIE
8523 10TH AVENUE N.W.
BRADENTON FL 34209

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:
FEES 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: **TD** Delete
 NAME: **CARPENTER, SCOTT**
 STREET ADDRESS: **5017 72ND CT E**
 CITY-ST-ZIP: **BRADENTON FL 34203**

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

TITLE: **SD** Delete
 NAME: **MARGARGLE, BROOKE**
 STREET ADDRESS: **1961 FLOYD ST STE D**
 CITY-ST-ZIP: **SARASOTA FL 34236**

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

TITLE: **PD** Delete
 NAME: **WESTMORELAND, DEBBIE**
 STREET ADDRESS: **8523 10TH AVE N W**
 CITY-ST-ZIP: **BRADENTON FL**

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

TITLE: **VP** Delete
 NAME: **CRAIG, JIM**
 STREET ADDRESS: **1549 RINGLING BLVD**
 CITY-ST-ZIP: **SARASOTA FL 34236**

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

TITLE: **ED** Delete
 NAME: **WIBLITZHOUSER, SHARON**
 STREET ADDRESS: **5107 14TH STREET W.**
 CITY-ST-ZIP: **BRADENTON FL 34207**

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

TITLE: Delete
 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:

Sharon W. Wiblitzhouser

1/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #