

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90026 047 ****70.00

DOCUMENT # N05672

1. Entity Name

**DEAF SERVICE CENTER OF MANATEE-SARASOTA COUNTIES
 INC.**

Principal Place of Business

Mailing Address

5107 14TH ST WEST
 BRADENTON FL 34207-9431

5107 14TH ST WEST
 BRADENTON FL 34207-9431

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAIG, JIM
1549 RINGLING BLVD.
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

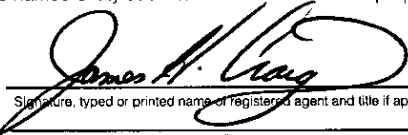
City

FL

Zip Code

8. True 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

1-14-2002

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	TD	<input type="checkbox"/> Delete
NAME	CARPENTER, SCOTT	
STREET ADDRESS	5017 72ND CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEAIRS, JEFF	
STREET ADDRESS	1750 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIDSON, NORM	
STREET ADDRESS	1523 1ST AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRAIG, JIM	
STREET ADDRESS	1549 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WIBLITZHOUSER, SHARON	
STREET ADDRESS	5107 14TH STREET W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)