

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N35319

1. Entity Name

RIVER CITY ASSOCIATION OF THE DEAF, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

03-07-2000 90022 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O HENRIETTA E SAMPLES  
8480 MANRESA AVE  
ORANGE PARK FL 32073

C/O HENRIETTA E SAMPLES  
8480 MANRESA AVE  
ORANGE PARK FL 32073-2141

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 59-2980944

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

GARY WAYNE CARROLL  
11539 WEST RIDE DRIVE  
JACKSONVILLE FL 32223

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:  
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

TITLE	<del>BREMER, BARON-</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>8485 MANRESA AVENUE</del>	
STREET ADDRESS	<del>ORANGE PARK FL 32073</del>	
CITY-ST-ZIP		
TITLE	<del>CHEVALIER, JULIETTE</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>11556 WEST RIDE DRIVE</del>	
STREET ADDRESS	<del>JACKSONVILLE FL 32223</del>	
CITY-ST-ZIP		
TITLE	<del>SMITH, GAYLE--</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>4825 REDWOOD AVENUE--</del>	
STREET ADDRESS	<del>JACKSONVILLE FL 32207</del>	
CITY-ST-ZIP		
TITLE	<del>VON DOLTEREN, ANTHONY--</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>12753 SAND RIDGE DRIVE--</del>	
STREET ADDRESS	<del>JACKSONVILLE FL 32258</del>	
CITY-ST-ZIP		
TITLE	<del>MAY, MICHELE R.--</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>P.O. BOX 550875--N/A--</del>	
STREET ADDRESS	<del>JACKSONVILLE FL 32255</del>	
CITY-ST-ZIP		
TITLE	CARROLL, GARY	<input type="checkbox"/> Delete
NAME	11539 WEST RIDE DRIVE	
STREET ADDRESS	JACKSONVILLE FL 32223	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, ELLEN	
STREET ADDRESS	11539 WEST RIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223-7449	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVALIER, JULIETTE	
STREET ADDRESS	7740 SOUTH SIDE BLVD. #2901	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMAN, JACK	
STREET ADDRESS	7119 GAILLARDIA ROAD SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, HAROLD	
STREET ADDRESS	7729 LAUDERDALE DRIVE N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, AUDREY	
STREET ADDRESS	7729 LAUDERDALE DRIVE N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Audrey Scott

AUDREY SCOTT, Secretary

1/28/00

TTY 904-744-0771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # TTY#

CR2E037 (9/99)