

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44844

1. Entity Name

DEAF SERVICE CENTER OF POLK COUNTY, INC.

Principal Place of Business

822 AVEX NW  
WINTER HAVEN FL 33880  
US

Mailing Address

P.O. BOX 27  
LAKELAND FL 33802-0027  
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

59-3038414

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

SEBASTIANO, RUTH  
822 AVE X N.W.  
WINTER HAVEN FL

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

*Ruth Sebastiano*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-6-2000

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          | PD                             | <input type="checkbox"/> Delete |
| NAME           | SEBASTIANO, RUTH A             |                                 |
| STREET ADDRESS | 822 AVE X N.W.                 |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL                |                                 |
| TITLE          | VPD                            | <input type="checkbox"/> Delete |
| NAME           | SPDASTIANO, SANDRA             |                                 |
| STREET ADDRESS | 6107 DONEGAL WEST              |                                 |
| CITY-ST-ZIP    | LAKELAND FL 33813              |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | DELVA, NELLY                   |                                 |
| STREET ADDRESS | 2223 CHESTNUT HILLS DR         |                                 |
| CITY-ST-ZIP    | LAKELAND FL 33801              |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | GELLER, ANNE                   |                                 |
| STREET ADDRESS | 1225 HAVENDALE BLVD            |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881          |                                 |
| TITLE          | TD                             | <input type="checkbox"/> Delete |
| NAME           | ROMEO, DAVID                   |                                 |
| STREET ADDRESS | 2427 PARKLAND DRIVE            |                                 |
| CITY-ST-ZIP    | LAKELAND FL 33811              |                                 |
| TITLE          | ATD                            | <input type="checkbox"/> Delete |
| NAME           | SEBASTIANO, JOANNE             |                                 |
| STREET ADDRESS | P.O. BOX 664                   |                                 |
| CITY-ST-ZIP    | ANNA MARIA, BRADENTON FL 34209 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| 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    |   |
| 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 *Ruth Sebastiano* SEBASTIANO, RUTH A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90071 001 \*\*\*\*61.25

01-19-2000 90071 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

*MAC JSP*

CR2E037 (9/99)

1ST call 71-800-955-8779-71-Relay  
for Sec 1 810-6-2000  
1-6-2000 #863 2936296