

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001026

1. Entity Name

SPACE COAST ASSOCIATION OF THE DEAF, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90088 047 ****61.25

Principal Place of Business

Mailing Address

C/O MARY BETH CHUTO
170 VIA HAVARRE
MERRITT ISLAND FL 32953

C/O MARY BETH CHUTO
170 VIA HAVARRE
MERRITT ISLAND FL 32953-2923

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

59-3236994

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

CHUTO, MICHAEL
170 VIA HAVARRE
MERRITT ISLAND FL 32953

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 Michael Chuto, Board of Director

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 PD ☐ Delete
NAME CHUTO, MARY B
STREET ADDRESS 170 VIA HAVARRE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE VPD ☐ Change ☒ Addition
NAME Ayres, Martin
STREET ADDRESS 3737 Sunward Dr.
CITY-ST-ZIP Merritt Island, Florida 32953

TITLE VP ☒ Delete
NAME COZZI, JONH
STREET ADDRESS 53 SHADY LANE
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE S ☐ Delete
NAME GOOD, SHARON
STREET ADDRESS 1275 ALTMAN RD
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE T ☐ Delete
NAME MCLEOD, CATHERINE
STREET ADDRESS 3130 ROYAL OAK DR.
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE BD ☐ Delete
NAME DELAROSA, RONALD
STREET ADDRESS 1750 VIBURNUM RD NW
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE BD ☐ Delete
NAME MALDONADO, RAUL
STREET ADDRESS 1254 CYPRESS BEND CIR
CITY-ST-ZIP MELBOURNE FL 32934

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

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: Catherine McLeod, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine McLeod
Date

3-23-00
321-269
Daytime Phone # 2276

CR2E037 (9/99)