

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001026**

1. Entity Name

SPACE COAST ASSOCIATION OF THE DEAF, INC.**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90003 039 *****61.25

Principal Place of Business

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

Mailing Address

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

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**

6. Name and Address of Current Registered Agent

**CHUTO, MICHAEL
170 VIA HAVARRE
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

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	<input type="checkbox"/> Delete
NAME	CHUTO, MARY B	
STREET ADDRESS	170 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horner, Douglas	
STREET ADDRESS	1940 Lake Atrium Cir. #105	
CITY-ST-ZIP	Orlando FL 32839	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	AYRES, MARTIN	
STREET ADDRESS	3737 SUNWARD DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delarosa, Ronald	
STREET ADDRESS	1750 Viburnum Rd NW	
CITY-ST-ZIP	Palm Bay FL 32907	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOOD, SHARON	
STREET ADDRESS	1275 ALTMAN RD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hickey, Thomas	
STREET ADDRESS	1366 Marsh Creek Lane	
CITY-ST-ZIP	Orlando FL 32828	

TITLE	T	<input type="checkbox"/> Delete
NAME	MCLEOD, CATHERINE	
STREET ADDRESS	3130 ROYAL OAK DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	

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

TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	DELAROSA, RONALD	
STREET ADDRESS	1750 VIBURNUM RD NW	
CITY-ST-ZIP	PALM BAY FL 32907	

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

TITLE	BD	<input type="checkbox"/> Delete
NAME	MALDONADO, RAUL	
STREET ADDRESS	1254 CYPRESS BEND CIR	
CITY-ST-ZIP	MELBOURNE FL 32934	

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:

Catherine McLeod, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)