

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004034

1. Entity Name

PALMS COMMUNITY CENTER OF THE DEAF, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90125 026 ****70.00

Principal Place of Business

2801 N. 3RD ST.
ST. AUGUSTINE FL 32096

Mailing Address

73 COQUINA AVE.
ST. AUGUSTINE FL 32084-4553

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

58-2140808

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

BUSBY, REV. WALTER
21 MILTON ST.
ST. AUGUSTINE FL 32095

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DM	<input type="checkbox"/> Delete
NAME	TIBERIO, CARMEN S	
STREET ADDRESS	73 COQUINA AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, THOMAS	
STREET ADDRESS	P.O. BOX 1911 N/A	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGE, GENEVA	
STREET ADDRESS	9 FLAMINGO DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES L	
STREET ADDRESS	347 LOBELIA RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WARNER ST JOHN	
STREET ADDRESS	4825 A-1-A SOUTH 25	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADOLIFFE, DANNY	
STREET ADDRESS	103 BENT OAK DRIVE	
CITY-ST-ZIP	LAKE COMO FL 32157	

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		

(Spelling) Radcliffe

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

Date

Daytime Phone #

1-18-00(904) 829-5383

TDD

CR2E037 (9/99)