

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004034

1. Entity Name

PALMS COMMUNITY CENTER OF THE DEAF, INC.

Principal Place of Business

Mailing Address

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

73 COQUINA AVE.
ST. AUGUSTINE FL 32084

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
NAME DM
STREET ADDRESS TIBERIO, CARMEN S
CITY-ST-ZIP 73 COQUINA AVE.
ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS KERR, THOMAS
CITY-ST-ZIP P.O. BOX 1911 N/A
ST. AUGUSTINE FL 32085 ☐ Delete

TITLE
NAME D
STREET ADDRESS KERR, Thomas
CITY-ST-ZIP 5 May Street
ST AUGUSTINE FL 32084 ☒ Change ☐ Addition ADDRESS

TITLE
NAME D
STREET ADDRESS LANGE, GENEVA
CITY-ST-ZIP 9 FLAMINGO DR.
ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS SMITH, CHARLES L
CITY-ST-ZIP 347 LOBELIA RD.
ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE
NAME DS
STREET ADDRESS WARNER ST JOHN
CITY-ST-ZIP 4825 A-1-A SOUTH 25
ST AUGUSTINE BCH FL ☒ Delete

TITLE
NAME DS/T
STREET ADDRESS CHARLES A. WATSON
CITY-ST-ZIP 8193 TAYLOR ROAD
RIVERDALE, GA 30274 ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS RADCLIFFE, DANNY
CITY-ST-ZIP 103 BENT OAK DRIVE
LAKE COMO FL 32157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ 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:

Carmen S. Tiberio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

Date

904-829-5383 TDD

Daytime Phone #

CR2E037 (9/01)