

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90074 026 ****61.25

DOCUMENT # N95000002100

1. Entity Name

**GREATER DAYTONA BEACH ASSOCIATION OF THE DEAF, I
NC.**



Principal Place of Business

**118 S PALMETTO AVE
DAYTONA BEACH FL 32114-4320**

Mailing Address

**103 BARRIER ISLE DR
ORMOND BEACH FL 32176**

2. Principal Place of Business

same

3. Mailing Address

1112 LIVE OAK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH FL

Zip

Country

Zip

Country

32168-7419

USA

4. FEI Number **59-2371114**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, KENDALL S , SECRETARY 2002
103 BARRIER ISLE DR
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name **AMY L. BARBER 2003 SECRETARY**

Street Address (P.O. Box Number is Not Acceptable)

1112 LIVE OAK STREET

City **NEW SMYRNA BEACH**

FL

Zip Code

32168-7419

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Amy L. Barber

3/15/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMONTTE, ROY 125 AZALEA DR DAYTONA BEACH FL 32117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBER, CHUCK 1112 LIVE OAK ST NEW SMYRNA FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RARUS, GLORIA 18 DOVER FALLS RD ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEMOTTEE, GLENDA 18 DOVER FALLS RD ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCHOLSKI, WALTER 24 SUNNY BEACH DR ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, KEITH 4641 S. ATLANTIC AVE., #805 DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEMOTTE, ROY (PRES.) P.O. BOX 11202 DAYTONA BEACH, FL 32120-11202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBER, CHUCK (V. PRES.) 1112 LIVE OAK ST. NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RARUS, GLORIA (TRES) 132 NORTH BROOK LANE ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TUCHOLSKI, WALTER (ST) 24 SUNNY BEACH DR. ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, KEITH (TRUST) 4641 S. ATLANTIC AVE #605 DAYTONA BEACH, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS, JOSEPHINE (TRUST) 836 Derbyshire Rd Daytona Beach, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

AMSNATBARBER REQUIRED *Amy L. Barber* **3/17/03 386-257-1700**

CR2E037 (10/02)