

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004208

1. Entity Name

ORLANDO CLUB OF THE DEAF, INC.

Principal Place of Business

Mailing Address

P.O. BOX 620922
ORLANDO FL 32862-0922

P.O. BOX 620922
ORLANDO FL 32862-0922

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

59-6138453

☒ 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

WATA, TIMOTHY
7651 ELDORADO PLACE
ORLANDO FL 32818-3045

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 **P** ☐ Delete
NAME **NEWTON, RONALD E**
STREET ADDRESS **10225 ARBOR RIDGE TRAIL**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE **VD** ☒ Delete
NAME **ROTONDI, ROBERT**
STREET ADDRESS **6843 EDGEFIELD LANE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **VD** ☒ Change ☐ Addition
NAME **Ferrer, Jose R.**
STREET ADDRESS **518 Polaris Loop #100**
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **SD** ☒ Delete
NAME **WATA, CHRISTINA A**
STREET ADDRESS **7651 ELDORADO PL**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **SD** ☒ Change ☐ Addition
NAME **Bennett, Debbie**
STREET ADDRESS **2601 East Central Blvd.**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **TD** ☐ Delete
NAME **NEWTON, LIBBY**
STREET ADDRESS **10225 ARBOR RIDGE TRAIL**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Libby Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 407-281-8267
Date Daytime Phone #

CF2E037 (9/99)



DO NOT WRITE IN THIS SPACE