

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/3

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90179 004 \*\*\*\*61.25

**DOCUMENT # N97000004208**

1. Entity Name

**ORLANDO CLUB OF THE DEAF, INC.**

Principal Place of Business

P.O. BOX 620922  
ORLANDO FL 32862-0922

Mailing Address

P.O. BOX 620922  
ORLANDO FL 32862-0922

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WATA, TIMOTHY**  
**7651 ELDORADO PLACE**  
**ORLANDO FL 32818-3045**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>NEWTON, RONALD E</b>	
STREET ADDRESS	<b>10225 ARBOR RIDGE TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	VO	<input type="checkbox"/> Delete
NAME	<b>FERRER, JOSE R</b>	
STREET ADDRESS	<b>518 PALARIS LOOP #1</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BAMETT, DEBBIE</b>	
STREET ADDRESS	<b>2601 EAST CENTRAL BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>NEWTON, LIBBY</b>	
STREET ADDRESS	<b>10225 ARBOR RIDGE TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-01

407.281.8267

CR2E037 (10/00)