2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 28, 2002 8:00 am Secretary of State DOCUMENT # **N97000004208** ORLANDO CLUB OF THE DEAF. INC. 05-28-2002 90728 017 ****61.25 Principal Place of Business Mailing Address P.O. BOX 620922 P.O. BOX 620922 ORLANDO FL 32862-0922 ORLANDO FL 32862-0922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number APPLIED-FOR Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMES <u>℈ℒ⅌ℴℯℂℇ</u>୵ WATA TIMOTHY Street Address (P.O. Box Number is Not LORAL 7651 ELDORADO PLACE ORLANDO FL 32818-3045 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 🔀 Delete TITLE ☐ Addition Jason Hurdich NEWTON, RONALD E NAME NAME 4218 Key Biscayne Lane # 124 STREET ADDRESS 10225 ARBOR RIDGE TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 Winter Park Fl 32792 CITY-ST-7iP Ø TITLE Delete TITLE Change ☐ Addition FERROR, JOSE R Reinaldo J. Vega NAME STREET ADDRESS 518 PALARIS LOOP #1 3838 Noutical Way #104 STREET ADDRESS CITY-ST-ZIP Casselberry FL 32707 CITY-ST-ZIP FC 34741 Delete TITLE Change Change BAMETT, DEBBIE NAME STREET ADDRESS 2601 EAST CENTRAL BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP TITLE Delete NAME NEWTON, LIBBY NAME FLORAL STREET ADDRESS 10225 ARBOR RIDGE TRAIL STREET ADDRESS CITY-ST-ZIP Kissimmer ORLANOD FL 32817 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: