

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90219 018 ****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

P.O. BOX 541516

3. Mailing Address

P.O. BOX 541516

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL.

City & State
ORLANDO, FL.

4. FEI Number **59-6138453**

Applied For

Not Applicable

Zip Country
32854-1516 USA.

Zip Country
32854-1516 USA

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

SCHOOLEY, JAMES C
579 FLORAL DRIVE
KISSIMMEE FL 34743

Name

SAME

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **HURDICH, JASON**
STREET ADDRESS **4218 KEY BISCAYNE LANE #124**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **P** ☒ Change ☐ Addition
NAME **DEBRA F. BENNETT**
STREET ADDRESS **850 MAURY RD. #76**
CITY-ST-ZIP **ORLANDO, FLA. 32804**

TITLE **VD** ☒ Delete
NAME **VEGA, REINALDA J**
STREET ADDRESS **3838 NAUTICAL WAY #104**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **VP** ☒ Change ☐ Addition
NAME **JAMES C. SCHOOLEY**
STREET ADDRESS **579 FLORAL DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE **SD** ☒ Delete
NAME **BENNETT, DEBRA**
STREET ADDRESS **850 MAURY ROAD #76**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **S** ☒ Change ☐ Addition
NAME **REINALDO VEGA**
STREET ADDRESS **3838 NAUTICAL WAY #104**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **TD** ☐ Delete
NAME **SCHOOLEY, CECELIA S**
STREET ADDRESS **579 FLORAL DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **T.** ☐ Change ☐ Addition
NAME **CECELIA S SCHOOLEY**
STREET ADDRESS **579 FLORAL DR.**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

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:

DEBRA F. BENNETT

1/15/03

407-835-2748

CR2E037 (10/02)