

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90182 002 ****70.00

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1. Entity Name

TAMPA BAY DEAF SENIOR CITIZENS OF FLORIDA, INCOR

Principal Place of Business

803 E. BROAD ST.
 TAMPA FL 33604-4205
 US

Mailing Address

803 E. BROAD ST.
 TAMPA FL 33604-4205
 US

2. Principal Place of Business

DAVE BARKSDALE CENTER

3. Mailing Address

Suite, Apt. #, etc.

214 N. BOULEVARD

City & State

TAMPA FL.

Zip

33666

Country

US

Zip

Country

4. FEI Number

59-3488961

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, RONALD C
803 E. BROAD ST.
TAMPA FL 33604

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

FRANK DiVincenzo

Frank DiVincenzo

1/29/01

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 NAME **VPD**
WOODS, ALBERT T SR
 STREET ADDRESS **2466 RIVERWOOD DR**
 CITY-ST-ZIP **MULBERRY FL 33860-9500** ☐ Delete

TITLE NAME **PD**
DIVINCENZO, FRANK
 STREET ADDRESS **7100 ULMERTON RD #2041**
 CITY-ST-ZIP **LARGO FL 33771** ☐ Delete

TITLE NAME **TD**
SPENCER, RONALD
 STREET ADDRESS **803 E. BROAD STREET**
 CITY-ST-ZIP **TAMPA FL 33604** ☐ Delete

TITLE NAME **SD**
EDWARDS, CAROLITA
 STREET ADDRESS **2790 RIVERWOOD DR**
 CITY-ST-ZIP **MULBERRY FL 33860** ☒ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME **SD**
JEANNETTE SOUTH
 STREET ADDRESS **5825-70 AVE N**
 CITY-ST-ZIP **PINELLAS PARK, FL. 33781** ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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:

Frank DiVincenzo **FRANK DiVincenzo** **1/29/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)