

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90007 007 ****70.00

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1. Entity Name

TAMPA BAY DEAF SENIOR CITIZENS OF FLORIDA, INCORPORATED

Principal Place of Business

**DAVE BARKSDALE CENTER.
214 N. BOULEVARD
TAMPA FL 33606
US**

Mailing Address

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

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

59-3488961

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

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

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

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

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

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

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

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

TITLE **SD** ☒ Delete
NAME **SOUTH, JEANETTE**
STREET ADDRESS **5825 - 70 AVENUE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **SD** ☒ Change ☐ Addition
NAME **THERESA ALLEN**
STREET ADDRESS **5975 HIGH GLEN DRIVE**
CITY-ST-ZIP **LAKE LAND, FL 33813-4801**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02

Date

Daytime Phone #

CR2E037 (9/01)