# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 17, 2000 8:00 am**
**Secretary of State**
03-17-2000 90005 007 ****61.25

DOCUMENT # N98000002052

1. Entity Name

DEAF EXPERIENCE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1310 N MAIN ST<br>SUITE 103<br>KISSIMMEE FL 34744 | 1310 N MAIN ST<br>SUITE 103<br>KISSIMMEE FL 34744-4244 |

DO NOT WRITE IN THIS SPACE

| 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 59-3504378 ☐ 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 |
|---|---|
| SEALS, RONALD C<br>13507 BUCKHORN RUN CT<br>ORLANDO FL 32837 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>VEGA, REINALDO J<br>2906 SQUIRE OAK COURT<br>ST CLOUD FL 34769 | ☐ Delete | P<br>VEGA, Reinaldo<br>3838 NAUTICAL WAY - Apt 104<br>Kissimmee, FL 34741 | ☑ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FILIPPI, PATRICIA J<br>89 WINDSOR LANE<br>MULBERRY FL 33860 | ☑ Delete | V<br>Schooley, James C.<br>579 FLORAL DR.<br>Kissimmee, FL 34743 | ☑ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ARCE, JAMES O<br>1710 MABBETTE ST BLDG 12 UNIT 204<br>KISSIMMEE FL 34741 | ☐ Delete | S<br>ARCE, James<br>2629 Liberty Blvd<br>Kissimmee, FL 34741-3462 | ☑ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROTH, ANGELA<br>1310 N MAIN ST STE 101<br>KISSIMMEE FL 34741 | ☐ Delete | D<br>Roth. Angela<br>1310 N. Main St #101<br>Kissimmee, FL 34741 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HIDALGO, LEO<br>13 E DARLINGTON AVE APT 1A<br>KISSIMMEE FL 34741 | ☐ Delete | D<br>HIDALGO, LEO<br>13 E. Darlington Ave, Apt 1A<br>Kissimmee, FL 34741 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLONDRES, HILDA<br>4241 PARKSIDE DR<br>ORLANDO FL 32812 | ☐ Delete | D<br>Colondres, Hilda<br>6460 Appian Way<br>Orlando, FL 32812 | ☑ Change | ☐ Addition |

CR2E037 (9/99)

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:** Reinaldo Vega 3/7/00 (407) 891-3100 x229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #