

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90031 034 ****61.25

DOCUMENT # N98000002052

1. Entity Name

DEAF EXPERIENCE ASSOCIATION, INC.

Principal Place of Business

1310 N MAIN ST
SUITE 103
KISSIMMEE FL 34744

Mailing Address

1310 N MAIN ST
SUITE 103
KISSIMMEE FL 34744

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
13507 BUCKHORN RUN CT
ORLANDO FL 32837

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	P	☒ Delete
NAME	VEGA, REINALDO J	
STREET ADDRESS	2906 SQUIRE OAK COURT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	V	☒ Delete
NAME	FILIPPI, PATRICIA J	
STREET ADDRESS	89 WINDSOR LANE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	S	☒ Delete
NAME	ARCE, JAMES O	
STREET ADDRESS	1710 MABBETTE ST BLDG 12 UNIT 204	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	☒ Delete
NAME	ROTH, ANGELA	
STREET ADDRESS	1310 N MAIN ST STE 101	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	☒ Delete
NAME	HIDALGO, LEO	
STREET ADDRESS	13 E DARLINGTON AVE APT 1A	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	☒ Delete
NAME	COLONDRES, HILDA	
STREET ADDRESS	4241 PARKSIDE DR	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE	P	☒ Change ☐ Addition
NAME	Brenda L. Godriquer	
STREET ADDRESS	2304 LANESBORO ST.	
CITY-ST-ZIP	KISSIMMEE, FLA, 34746	
TITLE	V	☒ Change ☐ Addition
NAME	JAMES O. ARCE	
STREET ADDRESS	2629 LIBERTY BLVD	
CITY-ST-ZIP	KISSIMMEE, FL 34741-1733	
TITLE	S	☒ Change ☐ Addition
NAME	Dawn DeBortey	
STREET ADDRESS	845 W. SWOOPE AVE #49	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☒ Change ☐ Addition
NAME	Christine Feinbaum	
STREET ADDRESS	P.O. Box 770145	
CITY-ST-ZIP	ORLANDO, FL 32877-0145	
TITLE		☒ Change ☐ Addition
NAME	Hidalgo, Leonardo	
STREET ADDRESS	815 Bay Street	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	JAMES C. SCHOOLEY	
STREET ADDRESS	579 FLORAL DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34743	

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

Date

Daytime Phone #

4/25/01 (407) 518-9050

CR2E037 (10/00)