

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002052

1. Entity Name

DEAF EXPERIENCE ASSOCIATION, INC.

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90098 030 ****61.25

Principal Place of Business

Mailing Address

1310 N MAIN ST
SUITE 103
KISSIMMEE FL 34744

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

OLETHA CUEVAS

Street Address (P.O. Box Number is Not Acceptable)

3545 PINEAPPLE CIRCLE

KISSIMMEE FL

City

KISSIMMEE

FL

34746

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 of registered agent 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
NAME RODRIGUEZ, BRENDA
STREET ADDRESS 2304 LANESBORO ST.
CITY-ST-ZIP KISSIMMEE FL 34746 ☒ Delete

TITLE V
NAME ARCE, JAMES O
STREET ADDRESS 2629 LIBERTY BLVD.
CITY-ST-ZIP KISSIMMEE FL 34741-1733 ☒ Delete

TITLE S
NAME DERONTER, DAWN
STREET ADDRESS 845 W. SWOOPE AVE #49
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE T
NAME FEINBAUM, CHRISTINE
STREET ADDRESS PO BOX 770145
CITY-ST-ZIP ORLANDO FL 32877-0145 ☐ Delete

TITLE D
NAME HIDALGO, LEONARD
STREET ADDRESS 815 BAY STREET
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ Delete

TITLE D
NAME SCHOOLEY, JAMES C
STREET ADDRESS 579 FLORAL DRIVE
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE P
NAME Arce, James O.
STREET ADDRESS 2331 N. CENTRAL AVE, APT # 31-102
CITY-ST-ZIP Kissimmee, FL 34741-2310 ☒ Change ☐ Addition

TITLE V
NAME RODRIGUEZ, Julio
STREET ADDRESS 1926 Reef Club D #8-204
CITY-ST-ZIP Kissimmee, FL 34741 ☒ Change ☐ Addition

TITLE S
NAME Rivera, Melissa
STREET ADDRESS 1926 Reef Club OR #8-204
CITY-ST-ZIP Kissimmee FL 34741 ☒ Change ☐ Addition

TITLE T
NAME T161 Normandy Drive
STREET ADDRESS Kissimmee, FL 34759 ☒ Change ☐ Addition

TITLE D
NAME D Hurdich, Jason
STREET ADDRESS 4218 Key Biscayne Lane # 124
CITY-ST-ZIP Winter Park FL 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2002 (407) 518-9050

Date

Daytime Phone #

CR2E037 (9/01)