

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90084 041 ****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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUEVAS, OLETHA
3545 PINERIDGE CIRCLE
KISSIMMEE FL 34746**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **ARCE, JAMES O**
STREET ADDRESS **2331 NORTH CENTRAL AVENUE APT. #31-102**
CITY-ST-ZIP **KISSIMMEE FL 34741-2310**

TITLE **P** ☐ Change ☒ Addition
NAME **RODRIGUEZ, JULIO**
STREET ADDRESS **2100 POLO CLUB DR. APT 103**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **V** ☒ Delete
NAME **RODRIGUEZ, JULIO**
STREET ADDRESS **1926 REEF CLUB DRIVE #8-204**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **V** ☐ Change ☒ Addition
NAME **SCHOOLEY, JAMES C**
STREET ADDRESS **579 FLORAL DR.**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE **S** ☐ Delete
NAME **RIVERA, MELISSA**
STREET ADDRESS **1926 REEF CLUB DRIVE #8-204**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **S** ☒ Change ☐ Addition
NAME **2100 POLO CLUB DR. APT 103**
STREET ADDRESS **KISSIMMEE, FL 34741**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **FEINBAUM, CHRISTINE**
STREET ADDRESS **1161 NORMANDY DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34759**

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

TITLE **D** ☒ Delete
NAME **HURDICH, JASON**
STREET ADDRESS **4218 KEY BISCAVNE LANE #124**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Change ☒ Addition
NAME **ROTH, ANGELA**
STREET ADDRESS **1310 N MAIN ST. SUITE 101**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

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

TITLE **D** ☐ Change ☒ Addition
NAME **VEGA, REINALDO J.**
STREET ADDRESS **3838 NAUTICAL WAY #104**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

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]

3/10/03

407-518-9050

CR2E037 (10/02)