

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90021 018 ****70.00

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1. Entity Name

CENTRAL FLORIDA DEAF SERVICES, INC.

CS

Principal Place of Business

3020 S FLORIDA AVE
 LAKELAND FL 33803
 US

Mailing Address

P.O. BOX 93572
 LAKELAND FL 33804
 US

2. Principal Place of Business

1415 Commercial Park Drive
 Suite, Apt. #, etc.

3. Mailing Address

1415 Commercial Park Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

59-3533009

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARY, MOORE
3144 FORESTGREEN DR., NORTH
LAKELAND FL 33811

7. Name and Address of New Registered Agent

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

Mary K. Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/16/2001

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE **VD** ☐ Delete
 NAME **MOORE, PAM MRS**
 STREET ADDRESS **5035 FAIRFAX EAST**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VD** ☐ Delete
 NAME **ZENI, JULIE MRS**
 STREET ADDRESS **4444 US HIGHWAY 98 N #787**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ Delete
 NAME **CARR, GAIL MRS**
 STREET ADDRESS **3520 CLEVELAND HEIGHT, APT 54**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **PD** ☐ Delete
 NAME **MOORE, MARY K MRS**
 STREET ADDRESS **3144 FORESTGREEN DR., NORTH**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **TD** ☒ Delete
 NAME **WALKER, KURT MR**
 STREET ADDRESS **444 19TH STREET SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **SD** ☐ Delete
 NAME **BOWLING, VIRGINIA**
 STREET ADDRESS **5914 LAKE VICTORIA DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33813**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Remove Title "X" (Member only Director) ☒ Change ☐ Addition

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

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

TD Margaret Schrock ☐ Change ☒ Addition
 NAME
 STREET ADDRESS *4747 SR-33N LOT 27*
 CITY-ST-ZIP *Lakeland, Florida 33805*

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:

David L Killam *Exec. Director* *863-606-0900*

CR2E037 (5/01)