

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90198 030 ****70.00

DOCUMENT # N38791

1. Entity Name

DISABILITY ADVOCACY AND ACCESS NETWORK, INC.

Principal Place of Business

Mailing Address

4630 N UNIVERSITY DRIVE
 CORAL SPRINGS FL 33067
 US

4630 N UNIVERSITY DRIVE
 CORAL SPRINGS FL 33067
 US

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

65-0224680

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARON, KEITH D
8333 W. MCNAB ROAD
TAMARAC FL 33321

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: **CD** Delete
 NAME: **COHEN, ROBERT**
 STREET ADDRESS: **4630 N UNIVERSITY DRIVE**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33067**

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

TITLE: **DV** Delete
 NAME: **SHAW, JULIE**
 STREET ADDRESS: **4630 N UNIVERSITY DRIVE**
 CITY-ST-ZIP: **CORAL SPRINGS, FL 33067**

TITLE: **DV** Change Addition
 NAME: **Jim Mears**
 STREET ADDRESS: **4630 N. University Drive**
 CITY-ST-ZIP: **Coral Springs, FL 33067**

TITLE: **DST** Delete
 NAME: **MARINO, VINCENT**
 STREET ADDRESS: **4630 N UNIVERSITY DRIVE**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33067**

TITLE: **DST** Change Addition
 NAME: **Easton Smyth**
 STREET ADDRESS: **4630 N. University Drive**
 CITY-ST-ZIP: **Coral Springs, FL 33067**

TITLE: **D** Delete
 NAME: **KENNEDY, PAT**
 STREET ADDRESS: **4630 N UNIVERSITY DRIVE**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33067**

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

TITLE: **D** Delete
 NAME: **KNEBEL, ALAN**
 STREET ADDRESS: **4630 N UNIVERSITY DRIVE**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33067**

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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]* **WILLIAM W. WILSON**

1/7/02 9546902253

CR2E037 (9/01)