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

DOCUMENT # N38791

1. Entity Name

DISABILITY ADVOCACY AND ACCESS NETWORK, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90031 035 ****70.00

9546632253

				THE THE PARTY OF T					
Principal Place of Business 4630 N UNIVERSITY DRIVE CORAL SPRINGS FL 33067 US		Mailing Address 4630 N UNIVERSITY DRIVE CORAL SPRINGS FL 33067 US			181 1861 18818 SB182 118e	BI Š († Š (B)) DIBIJ DIBIJ	KIPIN GIBNI JOGI		
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0224680			Applied For Not Applicable	7
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 A	dditional	1
	6. Name and Address of Current				7. Name and Addr	ess of New Regis	tered Agent		1
	•	المواط المصدي المعطود والمال	Name-	<u>-</u>	ration of the same	و ما هېسمار پات دين هنداميد -	يستوه الاستاسات] .
8333 W.	KEITH D MCNAB ROAD		Street	Address (F	P.O. Box Number is N	ot Acceptable)			1
TAMARA	C FL 33321					3	-		1
			City		e Santa	· · · · · · · · · · · · · · · · · · ·	FL Zip Co	de	1
8. The above	e named entity submits this statement fo	r the purpose of changing its r	egistered office	or registere	ed agent, or both, in t	he State of Florida.	I am familiar with	n, and accept	1
ine obliga	tions of registered agent.		•						
SICNIATURE									ì
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ature required	when reinstating)		DATE		1
Gei									┨
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co			paign Financing ontribution.		\$5.00 May Be Added to Fees		Check Payable Department of		
10.	OFFICERS AND DIF	RECTORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS A	ND DIBECTORS I	N 10	-
TITLE	CD	☐ Deiete	TITLE	Τ		0.000,11021101,	☐ Change	Addition	8
NAME	COHEN, ROBERT		NAME						(10/02
STREET ADDRESS CITY-ST-ZIP	4630 N UNIVERSITY DRIVE CORAL SPRINGS FL 33067		STREET ADDRESS						E037 (
TITLE	DV	☐ Delete	CiTY-ST-ZIP	DV					 記
NAME	MEARS, JIM	☐ Delete	TITLE NAME	1	s, Jim		🔀 Change	☐ Addition	윊
STREET ADDRESS	4680 N UNV DR		STREET ADDRESS	41.3	Sydini O.N. (In/loom	situ ANVe	# 206		
CITY-ST-ZIP	POMPANO BEACH FL 33067		CITY-ST-ZIP	Corre	0 N. Univer al Springs	FL 330	267		
TITLE	D DAT	☐ Delete	TITLE	- : 4		and the second s	Change	Addition	-
NAME STREET ADDRESS	KENNEDY, PAT 4630 N UNIVERSITY DRIVE		NAME OTREST ADDRESS						1
CITY-ST-ZIP	CORAL SPRINGS FL 33067		STREET ADDRESS CITY-ST-ZIP	1					İ
TITLE	D	Delete	TITLE	<u> </u>			Change	☐ Addition	
NAME	KNEBEL, ALAN	MT Delete	NAME				☐ Change	☐ Addition	
STREET ADDRESS	4630 N UNIVERSITY DRIVE		STREET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP					_	
TITLE	DST Easton, Smythe	☐ Delete	TITLE	057	. Emilde		Change	☐ Addition	
NAME STREET ADDRESS	4620 N UNV DR		NAME STREET ADDRESS	EQST	on, siny ine	- -itu Arive	#376		l
CITY-ST-ZIP	POMPANO BEACH FL 33067		CITY-ST-ZIP	(030	on, Smythe o N. Univer al Spring	E 00	20/-17	}	
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NAME			NAME	i			Onlings		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	- <u> </u>		CITY-ST-ZIP	<u> </u>					
 I hereby conditions indicated of the corporation changed, 	ertify that the intermation supplied with on this report or supplied entail report is coration or the receiver or trusteelempor or or an enachment with enfanciers w	this filing does not qualify for the true and accurate and that my wered to execute this report as ith all other like empowered.	ne exemption sta signature shall h required by Cha	ted in Sect nave the sa apter 617, I	tion 119.07(3)(i), Flori ame legal effect as if r Florida Statutes; and	da Statutes. I furthe nade under oath; ti that my name appe	er certify that the in hat I am an officer ears in Block 10 o	nformation or director r Block 11 if	
	TA Willell alexander	TO TOTAL	= 175	- 7/	11/00				
SIGNAT	URE	VER IT LEO. HERE	<u> </u>	'/	14/03	93	546632	253	