

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90109 048 ****61.25

DOCUMENT # N95000001123

1. Entity Name
ACCESSIBLE ALTERNATIVES, INC.

Principal Place of Business Mailing Address

1730-A AMERICANA BLVD. 1730-A AMERICANA BLVD.
 ORLANDO FL 32839 ORLANDO FL 32839

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 Applied For

59-3303506 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

DUFFY, KAREN G
1409 NEWBRIDGE LANE
ORLANDO FL 32825

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 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	D	<input type="checkbox"/> Delete
NAME	MARINI SOFKA, DONNA	
STREET ADDRESS	7540 DOCKSIDE ST.	
CITY-ST-ZIP	WINTR PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, CLAY H.	
STREET ADDRESS	108 HILCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEITRICK, DONNA	
STREET ADDRESS	9137 LESWOOD ST.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFFY, KAREN	
STREET ADDRESS	1409 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PHELPS, BARBARA	
STREET ADDRESS	540 HORATIO STE 100	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JERRY	
STREET ADDRESS	P O BOX 3045	
CITY-ST-ZIP	ORLANDO FL 32802	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL FORD	
STREET ADDRESS	2450 WEST 33RD STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDITH RABY	
STREET ADDRESS	6400 So. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE BILSKY	
STREET ADDRESS	2431 LEE ROAD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED TATTERSAL	
STREET ADDRESS	333 N. FERN CREEK AVE.	
CITY-ST-ZIP	ORLANDO FL 32803-5499	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE SCHINDLER	
STREET ADDRESS	2171 DEER HOLLOW CIRCLE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE RECEIVED 12 July 00 (407) 859-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)