

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90360 010 ****61.25

DOCUMENT # N95000001123

1. Entity Name

ACCESSIBLE ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

1730-A AMERICANA BLVD.
 ORLANDO FL 32839

1730-A AMERICANA BLVD.
 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

59-3303506

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

~~DUFFY, KAREN G
 1409 NEWBRIDGE LANE
 ORLANDO FL 32825~~

*Yolanda Larson
 1730 A Americana Blvd
 Orlando, FL 32839*

Name

Yolanda Larson

Street Address (P.O. Box Number is Not Acceptable)

1730 A Americana Blvd

City

Orlando, FL

FL

Zip Code
32839

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	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	BILSKY, WAYNE	
STREET ADDRESS	2431 LEE RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUFFY, KAREN	
STREET ADDRESS	1409 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TATTERSAL, FRED	
STREET ADDRESS	333 N FERNCREEK AVE	
CITY-ST-ZIP	ORLANDO FL 32803-5499	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHINDLER, LAWRENCE	
STREET ADDRESS	2171 DEER HOLLOW CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	<i>Ann McBride Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ann McBride</i>	
STREET ADDRESS	<i>P.O. Box 3838</i>	
CITY-ST-ZIP	<i>Orlando, FL 32802</i>	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dennis Allen</i>	
STREET ADDRESS	<i>1801 Lee Ln # 130</i>	
CITY-ST-ZIP	<i>Winter Park, FL 32789</i>	
TITLE	<i>Board</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Joan Bennett</i>	
STREET ADDRESS	<i>818 Main Lane</i>	
CITY-ST-ZIP	<i>Orlando, FL 32801</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Don Ford</i>	
STREET ADDRESS	<i>7003 President Drive</i>	
CITY-ST-ZIP	<i>Orlando, FL 32839</i>	
TITLE	<i>Board</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Leslie Ford</i>	
STREET ADDRESS	<i>1410 Osceola Avenue</i>	
CITY-ST-ZIP	<i>Orlando, FL 32806</i>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yolanda Larson

Date

Daytime Phone #

4/30/2002

859-1444

CR2E037 (9/01)