

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90005 017 ****61.25

DOCUMENT # N01000004501

1. Entity Name
ACCESS FOUNDATION CORPORATION

Principal Place of Business 1749 NW 26TH ST., SUITE F FT. LAUDERDALE FL 33305	Mailing Address 1749 NW 26TH ST., SUITE F FT. LAUDERDALE FL 33305
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2336964

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZADEN, RICHARD ESQ.
1749 NW 26TH ST., SUITE F
FT. LAUDERDALE FL 33305

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. I am familiar with, and accept the obligations of registered agent.

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

After September 13, 2002, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	WARDELL, PHIL
STREET ADDRESS	1749 NW 26TH ST., SUITE F
CITY-ST-ZIP	FT. LAUDERDALE FL 33305
TITLE	D <input type="checkbox"/> Delete
NAME	ZADEN, RICHARD J
STREET ADDRESS	1749 NW 26TH ST., SUITE F
CITY-ST-ZIP	FT. LAUDERDALE FL 33305
TITLE	D <input type="checkbox"/> Delete
NAME	SEILER, JOHN P
STREET ADDRESS	2900 E. OAKLAND PARK BLVD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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 REQUIRED**

CR2E037 (4/02)