

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90103 009 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1749 NE 26 St**

3. Mailing Address

Suite, Apt. #, etc.  
**F**

Suite, Apt. #, etc.

City & State  
**Wilton Manors**

City & State

4. FEI Number **52-2336964**

Applied For  
Not Applicable

Zip  
**33305**

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**

**NE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Lopez, Paul</b><br><b>501 N.E. Spanish Court</b><br><b>Boca Raton, FL 33432</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Clemons, Larry</b><br><b>1807 N- Atlantic BLVD</b><br><b>Ft. Lauderdale, FL 33305</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Ahearn, Michael</b><br><b>1749 N.E. 26th Street, Suite F</b><br><b>Ft. Lauderdale, FL 33305</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Boutros, Ash</b><br><b>2100 E. Sample Road, Suite 202</b><br><b>Lighthouse Point, FL 33064</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Hooper, Alan</b><br><b>202 S.W. 2nd Street, Suite C</b><br><b>Ft. Lauderdale, FL 33301</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**2/7/03**      **954 588 6115**

CR2E037 (10/02)