

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.

R

Principal Place of Business

1730-A AMERICANA BLVD.
 ORLANDO FL 32839

Mailing Address

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**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **MARINI SOFKA, DONNA**
 STREET ADDRESS **7540 DOCKSIDE ST.**
 CITY-ST-ZIP **WINTR PARK FL 32792**

TITLE **D** ☐ Change ☒ Addition
 NAME **DANIEL FORD**
 STREET ADDRESS **2450 WEST 33RD STREET**
 CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **D** ☐ Delete
 NAME **PARKER, CLAY H.**
 STREET ADDRESS **108 HILCREST ST.**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Change ☒ Addition
 NAME **EDITH RABY**
 STREET ADDRESS **6400 So. ORANGE AVE.**
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **D** ☒ Delete
 NAME **DEITRICK, DONNA**
 STREET ADDRESS **9137 LESWOOD ST.**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Change ☒ Addition
 NAME **WAYNE BILSKY**
 STREET ADDRESS **2431 LEE ROAD**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete
 NAME **DUFFY, KAREN**
 STREET ADDRESS **1409 NEWBRIDGE LANE**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Change ☒ Addition
 NAME **FRED TATTERSAL**
 STREET ADDRESS **333 N. FERN CREEK AVE.**
 CITY-ST-ZIP **ORLANDO FL 32803-5499**

TITLE **V** ☒ Delete
 NAME **PHELPS, BARBARA**
 STREET ADDRESS **540 HORATIO STE 100**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Change ☒ Addition
 NAME **LAWRENCE SCHINDLER**
 STREET ADDRESS **2171 DEER HOLLOW CIRCLE**
 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **T** ☒ Delete
 NAME **ROBERTS, JERRY**
 STREET ADDRESS **P O BOX 3045**
 CITY-ST-ZIP **ORLANDO FL 32802**

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 July 00 (407) 859-1444
 Date Daytime Phone #

CR2E037 (5/00)