

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003193**

1. Entity Name

THE AWARE PROGRAM, INC.

Principal Place of Business

**6073 WEST IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34747**

Mailing Address

**6073 WEST IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34747-4512**

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

59-3515834

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****PRATT, JAMES R ESQUIRE
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789**

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**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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	LARSON, RANDALL	1651 SOUTH NARCOOSSEE ROAD							
		ST. CLOUD FL 34776								
	D	LARSON, GARY	7120 LAKEVILLE ROAD							
		ORLANDO FL 32818								
	D	PRATT, JAMES R	1550 ELM AVENUE							
		WINTER PARK FL 32789								

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:  **James R Pratt**

February 23, 2000 407/647-4455

Date

Daytime Phone #

CR2E037 (9/99)