

2002 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

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 ☐ Delete
NAME D
STREET ADDRESS LARSON, RANDALL
CITY-ST-ZIP 1651 SOUTH NARCOOSSEE ROAD
ST. CLOUD FL 34776

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LARSON, GARY
CITY-ST-ZIP 7120 LAKEVILLE ROAD
ORLANDO FL 32818

TITLE ☒ Change ☐ Addition
NAME LARSON, GARY
STREET ADDRESS 7836 EARLWOOD DR NE
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Delete
NAME D
STREET ADDRESS PRATT, JAMES R
CITY-ST-ZIP 1550 ELM AVENUE
WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

1/24/02

(407) 396-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0089657

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90098 029 ****61.25



DO NOT WRITE IN THIS SPACE