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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006737

1. Entity Name

Occupational Access and Opportunity Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 3:11

Principal Place of Business / Mailing Address

2002 Old St. Augustine Road
Building A, Room 204
Tallahassee, Florida 32399-0696

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1678862 — 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
Greif, Michael A. ESQ Hartman Building, Suite 307 2012 Capital Circle S.E. Tallahassee, Florida 32399-2189	Name: Gary R. Rutledge Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe Street Suite 420 City: Tallahassee FL Zip Code: 32301-1841

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 Gary R. Rutledge — 3-30-00

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

00 JUN -5 PM 12:

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME Nancy Koepke STREET ADDRESS 1256 Lake Willisura Circle CITY-ST-ZIP Orlando, FL 32806	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME Dennis Celorie STREET ADDRESS 350 Braden Avenue CITY-ST-ZIP Sarasota, FL 34243	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME Trevor Smith STREET ADDRESS 777 Harbour Island Blvd. CITY-ST-ZIP Tampa, FL 33602	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE S NAME Patricia Hardman STREET ADDRESS 5746 Centerville Road CITY-ST-ZIP Tallahassee, FL 32308	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition AD

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: 3-31-00 850-921-5910 x100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gary Miller Nancy Koepke

CR 1.7 (5/96)

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 480000 - DEPARTMENT OF EDUCATION
SITE 00 - DEPARTMENT OF EDUCATION
(850)487-2460

SWDN D0000782267 ADOCNO V015815

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
48 20 2 552001 48210000 00 040000 00		25	4990	61.25	45 20 2 130001 45300000 00 000100 00 INVOICE # FILINGFEE 61.25		45	
TRANSACTION CODE TOTAL - 25		61.25	45	61.25				

TR96

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R2
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Annual Report

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Attachment
N19000006737