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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

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

CR 1.17 (5/96)

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 x106

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

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		45	
						61.25		
TRANSACTION CODE TOTAL - 25		61.25		61.25		45		61.25

TR96

4530/010

R2

00/015

000/00

Annual Report

Attachment #990000737

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