

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006737

1. Entity Name

OCCUPATIONAL ACCESS AND OPPORTUNITY CORPORATION

Principal Place of Business

2002 OLD ST. AUGUSTINE RD.
BLDG. A. ROOM 204
TALLAHASSEE FL 32399-0696

Mailing Address

2002 OLD ST. AUGUSTINE RD.
BLDG. A. ROOM 204
TALLAHASSEE FL 32399-0696

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

31-1678862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUTLEDGE, GARY R
2002 OLD ST. AUGUSTINE RD.
BLDG. A, ROOM 204
TALLAHASSEE FL 32399-0696

7. Name and Address of New Registered Agent

NAME PATRICIA HARDMAN

Street Address (P.O. Box Number is Not Acceptable)

5746 CENTERVILLE ROAD

CITY TALLAHASSEE

FL

Zip Code

32309

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)

PATRICIA HARDMAN
DIRECTOR

DATE

9/10/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D KOEPKE, NANCY	1256 LAKE WILLISURA CIRCLE	ORLANDO FL 32806	
	D CELORIE, DENNIS	350 BRADEN AVENUE	SARASOTA FL 34243	<input type="checkbox"/> Delete
	D SMITH, TREVOR	777 HARBOUR ISLAND BLVD.	TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
	D HARDMAN, PATRICIA	5746 CENTERVILLE RD	TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D HUTCHESON, SUZANNE	1650 SOUTH KANNER Highway	STUART, FL 34994		
	D DENNIS CELORIE	1367 GEORGETOWN CIRCLE	SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE

SIGNATURE REQUIRED

PATRICIA HARDMAN
DIRECTOR

9/10/01

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90005 026 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)