

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30273

1. Entity Name

PC USERS GROUP OF JACKSONVILLE, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90010 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 47197  
JACKSONVILLE FL 32247-7197

PO BOX 47197  
JACKSONVILLE FL 32247-7197

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2936105

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SULMAN, JUDY**  
**3730 LONE EAGLE RD**  
**JACKSONVILLE FL 32257**

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 **DP**  
STREET ADDRESS **SHULMAN, JUDY**  
CITY-ST-ZIP **3730 LONE EAGLE RD**  
**JACKSONVILLE FL 32257**

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

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **INGLISH, GARY**  
CITY-ST-ZIP **289 ST. JOHNS RIVER**  
**JACKSONVILLE FL 32259**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **289 St. Johns River Place Ln**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **PARRA, LUIS A**  
CITY-ST-ZIP **3517 PEELER RD 7**  
**JACKSONVILLE FL 32277**

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

TITLE ☒ Delete  
NAME **DT**  
STREET ADDRESS **ALLEN, JANET**  
CITY-ST-ZIP **1007 BIG PINE KEY**  
**ATLANTIC BCH FL 32233**

TITLE ☒ Change ☒ Addition  
NAME **DT**  
STREET ADDRESS **William E Ehrhart**  
CITY-ST-ZIP **4561 Middleton Park Cr East**  
**Jacksonville FL 32224**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DAVIS, RUSSELL**  
CITY-ST-ZIP **8468 JACINTO**  
**JACKSONVILLE FL 32211**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BARTON, PAUL**  
CITY-ST-ZIP **5834 NORDE DR W**  
**JACKSONVILLE FL 32244**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)