

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003094

1. Entity Name

THE ALACHUA COUNTY COMPUTER USERS GROUP, INC.

Principal Place of Business

4720 NW 32 AVENUE
GAINESVILLE FL 32606-6023
US

Mailing Address

4720 NW 32 AVENUE
GAINESVILLE FL 32606-6023
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3530615

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

~~WHEELER, ROBERT H
120 EAST CALL STREET
STARKE FL 32091-3318~~

Name

Janice Yrausquin

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

4720 NW 32 Ave

City

Gainesville

FL

Zip Code
32606

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

Janice Yrausquin
Signature, typed or printed name of registered agent, and title if applicable.

Janice Yrausquin
(NOTE: Registered Agent signature required when reinstating)

5/23/2001
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YRAUSQUIN, JANICE W 4720 NW 32 AVENUE GAINESVILLE FL 32606-6023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YRAUSQUIN, XAVIER H SR 4720 NW 32 AVENUE GAINESVILLE FL 32606-6023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHEELER, ROBERT H 120 EAST CALL STREET STARKE FL 32091-3318	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Greg Barton 3334 NW 4 St. Gainesville, FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 all other like empowered.

SIGNATURE:

Janice Yrausquin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Yrausquin 4/23/2001

352
380-0587
Date Daytime Phone #

FILED
May 29, 2001 8:00 am
Secretary of State

04-30-2001 90429 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)