

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90029 031 ****61.25

DOCUMENT # N98000003094

1. Entity Name

THE ALACHUA COUNTY COMPUTER USERS GROUP, INC.

Principal Place of Business

Mailing Address

4720 NW 32 AVENUE
 GAINESVILLE FL 32608-6023
 US

4720 NW 32 AVENUE
 GAINESVILLE FL 32608-6023
 US

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

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

YRAUSQUINN, JONICE
4720 NW 32ND AVE
GAINESVILLE FL 32608

Name **XAVIER YRAUSQUIN SR**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/10/2002
 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 **MD** Delete
 NAME **YRAUSQUIN, JANICE W**
 STREET ADDRESS **4720 NW 32 AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32608-6023** **DECEASED**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **YRAUSQUIN, XAVIER H SR**
 STREET ADDRESS **4720 NW 32 AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32608-6023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WHEELER, ROBERT H**
 STREET ADDRESS **120 EAST CALL STREET**
 CITY-ST-ZIP **STARKE FL 32091-3318** **DECEASED**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BARTON, GREG**
 STREET ADDRESS **3334 NW 4TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **JOANNE KLINE**
 STREET ADDRESS **1409 NW 52 TERRACE**
 CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 380-0587

CR2E037 (9/01)