

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005288

1. Entity Name

VENICE AREA COMPUTER USERS GROUP, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90056 024 ****61.25

0076873

Principal Place of Business

Mailing Address

101 VENICE AVE W
SUITE 31 RM 4
VENICE FL 34285
US

P O BOX 33
NOKOMIS FL 33274-0033
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 65-0643408

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

Name

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

City

FL

Zip Code

~~DINEEN, JOAN B~~
~~1511 STRADA D'ORO~~
~~VENICE FL 34292-1512~~
MAURY J. BIGGS
720 SUGARWOOD WAY
VENICE, FL 34292

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 is acceptable.

(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 NAME STREET ADDRESS CITY - ST - ZIP	DP DINEEN, JOAN B 1511 STRADA D'ORO VENICE FL 34292-1512	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RUMP, SHARON 25 WHITE OAK TERR SARASOTA FL 34237-6433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHLOSSER, DOROTHY 89 ANNE BONNY CIR NOKOMIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BREEDEN, IRENE K. 217 HIGH POINT DR. VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, AL 4031 BECKLEY CIRCLE VENICE FL 34292-3938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT RUMP, SHARON 25 WHITE OAK TERR. SARASOTA, FL 34237-6433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT CARL RIGNEY 255 BAINBRIDGE DR. NOKOMIS, FL 34274	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY IDA WOLFE 1319 PINEBROOK CT VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER MAURY J. BIGGS 720 SUGARWOOD WAY VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR THERESA STAFFELDT 395 CAPTIVA PL. NOKOMIS, F 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR RICHARD E. MILLER 988 GONDOLA DR N VENICE, FL 34295	<input type="checkbox"/> Change <input checked="" 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:

~~SIGNATURE REQUIRED~~ MAURY J. BIGGS 2/17/2001 941 4973823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (10/00)