

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000001909

**FILED**  
**Sep 03, 2020**  
**Secretary of State**  
**7474345731CC**

**Entity Name:** INFOR FLORIDA USER GROUP CORPORATION

**Current Principal Place of Business:**

1430 S DIXIE HWY  
STE 105 MAILBOX 1175  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1430 S DIXIE HWY  
STE 105 MAILBOX 1175  
CORAL GABLES, FL 33146 US

**FEI Number:** 82-4671253

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FULLER, LANCE  
1430 S DIXIE HWY  
STE 105 MAILBOX 1175  
CORAL GABLES, FL 33146 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GENTHNER, CHARLES JR.  
Address 690 SW 1ST COURT, APT. 3119  
City-State-Zip: MIAMI FL 33130

Title VP  
Name FULLER, LANCE  
Address 1430 S DIXIE HWY  
STE 105 MAILBOX 1175  
City-State-Zip: CORAL GABLES FL 33146

Title S  
Name FERRARI, CARLA  
Address 6300 STIRLING ROAD  
City-State-Zip: HOLLYWOOD FL 33009

Title D  
Name CANET, ZEIDA  
Address 3051 N. COMMERCE PKWY.  
City-State-Zip: MIRAMAR FL 33025

Title D  
Name CRONK, DENISE  
Address P.O. 497  
City-State-Zip: MULBERRY FL 33860

Title D  
Name COWART, GREG  
Address 7441 SW 16TH STREET  
City-State-Zip: PLANTATION FL 33317

Title D  
Name TANCAWAN, KATHLYNN  
Address 3501 JOHNSON STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name PEPIN, JENNIFER  
Address 2900 CORPORATE WAY  
City-State-Zip: MIRAMAR FL 33025

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL A. CASTILLO

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09/03/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title T  
Name CASTILLO, JOEL A  
Address 1430 S DIXIE HWY  
STE 105 MAILBOX 1175  
City-State-Zip: CORAL GABLES FL 33146