

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-15-2001 90021 013 ****61.25

DOCUMENT # F00000006538

1. Entity Name

UNIGRAPHICS USERS GROUP, INC.

Principal Place of Business

**9395 PROSPERITY FARMS RD.
 N. PALM BEACH FL 33403**

Mailing Address

**9395 PROSPERITY FARMS RD.
 N. PALM BEACH FL 33403**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1713483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAYCOCK, BETH
 9395 PROSPERITY FARMS RD.
 N. PALM BEACH FL 33403**

7. Name and Address of New Registered Agent

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

Beth A. Laycock

Beth A. LAYCOCK

02/12/01

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **KIMBALL, KELLEY**
 CITY-ST-ZIP **1400 W. 94TH ST. MS 445
 BLOOMINGTON MN**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **KRIGMAN, RAFI**
 CITY-ST-ZIP **PO BOX 746 MS 1212
 BALTIMORE MD**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **MANCUSO, JIM**
 CITY-ST-ZIP **PO BOX 611 AIRCRAFT RD M/S 402-17
 MIDDLETOWN CT**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **HOOVER, MARK**
 CITY-ST-ZIP **PO BOX 879, 235 5TH ST.
 SEAL BEACH CA**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **LAYCOCK, BETH**
 CITY-ST-ZIP **9395 PROSPERITY FARMS RD
 N PALM BEACH FL**

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **DAVIS, VAUGHN**
 CITY-ST-ZIP **13736 RIVERPORT DR.
 MARYLAND HEIGHTS MO**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Brown, Stephen**
 STREET ADDRESS **20225 Watertower Blvd ; Ste 450**
 CITY-ST-ZIP **Brookfield, WI**

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

Beth A. Laycock
BETH A. LAYCOCK

02/12/01

561-863-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)