

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000607

1. Entity Name

MELBOURNE LINUX USERS GROUP, INC.

Principal Place of Business

680 BENTON DRV
MELBOURNE FL 32901

Mailing Address

680 BENTON DRV
MELBOURNE FL 32901

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

59-3635801

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

AWTREY, ANTHONY L
680 BENTON DRIVE
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD
NAME AWTREY, ANTHONY L
STREET ADDRESS 680 BENTON DR
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

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

TITLE CD
NAME SHOEMAKER, TIM
STREET ADDRESS 3451 JAY TEE DR
CITY-ST-ZIP MELBOURNE FL 32901 ☒ Delete

TITLE CD
NAME MICHAEL KOTSCHI
STREET ADDRESS 819 WHEATLEY STREET S.E.
CITY-ST-ZIP PALM BAY, FL 32909 ☒ Change ☐ Addition

TITLE STD
NAME GEFFERT, KEITH
STREET ADDRESS 3397 RIVERCREST DR APT 141
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Delete

TITLE SD
NAME STEPHEN B. BROWN
STREET ADDRESS 2025 ADVANA STREET
CITY-ST-ZIP PALM BAY FL 32905 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME HALA A. AWTREY
STREET ADDRESS 680 BENTON DRIVE
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY L. AWTREY APRIL 23, 2002 321-728-0207



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)