

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00C00003877

1. Entity Name

SOUTHERN HTE USER'S GROUP, INC.

Principal Place of Business

100 NORTH U.S. 1
FORT PIERCE FL 34954

Mailing Address

100 NORTH U.S. 1
FORT PIERCE FL 34954

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. BOX 3226

Suite, Apt. #, etc.

City & State
FORT PIERCE, FL

Zip
34948-3226

Country

ST. LUCIE

4. FEI Number

65-1022905

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

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT CHRISTINE M. BATTEN P. O. BOX 1687 - 150 N. ALACHUA STREET LAKE CITY, FL 32056 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY SHARON LEONARD 324 E. PINE STREET TARPON SPRINGS, FL 34688-5004 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER CHARLENE S. NEUMAN P. O. BOX 3226 - 100 N. US#1 FORT PIERCE, FL 34948-3226 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PAST PRESIDENT JULIE D. HARRINGAN P. O. BOX 150027 - 815 NICHOLIS PARKWAY CAPE CORAL, FL 33915-0027 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input 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:

Charlene S. Neuman

2-23-01

Date

561 460 2200

Daytime Phone # x 359

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90136 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)