

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90146 013 ****61.25

DOCUMENT # N00000003877

1. Entity Name

SOUTHERN HTE USER'S GROUP, INC.

Principal Place of Business

**100 NORTH U.S. 1
 FORT PIERCE FL 34954**

Mailing Address

**P.O. BOX 3226
 FORT PIERCE FL 34948-3226**

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 **65-1022905**

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

**CT CORPORATION SYSTEMS
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **PD** ☐ Delete
 NAME **BATTEN, CHRISTINE M**
 STREET ADDRESS **P.O. BOX 1687-150 N ALACHUA ST**
 CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE **PE** ☐ Change ☒ Addition
 NAME **Julie Cooper**
 STREET ADDRESS **P.O.Box 1687-150 NW Alachua Ave**
 CITY-ST-ZIP **Lake City, FL 32056**

TITLE **SD** ☒ Delete
 NAME **LEONARD, SHARON**
 STREET ADDRESS **324 E PINE ST**
 CITY-ST-ZIP **TARPON SPRINGS FL 34688-5004**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Cara Roesner**
 STREET ADDRESS **401 Park Ave., South**
 CITY-ST-ZIP **Winter Park, FL 32789-4386**

TITLE **T** ☐ Delete
 NAME **NEUMAN, CHARLENE S**
 STREET ADDRESS **P.O. BOX 3226-100 N US #1**
 CITY-ST-ZIP **FORT PIERCE FL 34948-3226**

TITLE **PPD** ☒ Delete
 NAME **HARRINGAN, JULIE D**
 STREET ADDRESS **P.O. BOX 150027-815 NICHOLIS PKWY**
 CITY-ST-ZIP **CAPE CORAL FL 33915-0027**

TITLE **PPD** ☒ Delete
 NAME **HARRINGAN, JULIE D**
 STREET ADDRESS **P.O. BOX 150027-815 NICHOLIS PKWY**
 CITY-ST-ZIP **CAPE CORAL FL 33915-0027**

TITLE **MEMBER AT LARGE** ☐ Change ☒ Addition
 NAME **WILLIAM T. MAY**
 STREET ADDRESS **121 SW PORT ST. LUCIE BLVD.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

ORIGINAL REQUIRED

8-12-02

772 460 2200

CR2E037 (4/02)