

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00507

1. Entity Name

HP FLORIDA REGIONAL USERS GROUP FLORUG, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90002 049 \*\*\*\*70.00

Principal Place of Business

Mailing Address

14960 FEATHERSTONE WAY  
DAVIE FL 33331

14960 FEATHERSTONE WAY  
DAVIE FL 33331-2936

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

59-2481676

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

EBERLE, GLORIA  
14960 FEATHERSTONE WAY  
DAVIE FL 33331

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME SAMPLES, JIM  
STREET ADDRESS 1407 COMPTON ST.  
CITY-ST-ZIP BRANDON FL 33511

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

TITLE VD ☐ Delete  
NAME LEBLANC, PAUL  
STREET ADDRESS 128 FIRST ST. EAST  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE PD ☒ Change ☐ Addition  
NAME LEBLANC, PAUL  
STREET ADDRESS 500 TRINITY LANE #4210  
CITY-ST-ZIP ST PETERSBURG, FL 33716

TITLE STD ☐ Delete  
NAME EBERLE, GLORIA  
STREET ADDRESS 14960 FEATHERSTONE WAY  
CITY-ST-ZIP DAVIE FL 33331

TITLE VD ☐ Change ☒ Addition  
NAME DAVID FRISWELL  
STREET ADDRESS 3471A NW 65th ST  
CITY-ST-ZIP FT LAUDERDALE FL 33309

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

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:

*Signature of Gloria Eberle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00

(954) 680-2154