

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00507**

1. Entity Name

HP FLORIDA REGIONAL USERS GROUP (FLORUG), INC.

Principal Place of Business

Mailing Address

**14960 FEATHERSTONE WAY
DAVIE FL 33331****14960 FEATHERSTONE WAY
DAVIE FL 33331**

2. Principal Place of Business

15016 Greeley Drive

Suite, Apt. #, etc.

3. Mailing Address

15016 Greeley Drive

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33625

Country

Zip

33625

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

EBERLE, GLORIA**14960 FEATHERSTONE WAY
DAVIE FL 33331**

7. Name and Address of New Registered Agent

Name **Edelson, Jeff**

Street Address (P.O. Box Number is Not Acceptable)

15016 Greeley Drive

City

Tampa

FL

Zip Code

33625

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, type 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	PD LEBLANC, PAUL 500 TRINITY LANE #4210 SAINT PETERSBURG FL 33716	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EBERLE, GLORIA 14960 FEATHERSTONE WAY DAVIE FL 33331	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRISNELL, DAVID 3471 A NW 55ST STREET FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Edelson, Jeff 15016 Greeley Drive Tampa, FL 33625	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

813-273-7474

Daytime Phone #

**FILED
Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90025 022 ****70.00

00018073

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)