

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90131 005 ****61.25

0049746

DOCUMENT # N05906

1. Entity Name

PALM BEACH IBM-PC USER GROUP, INC.

Principal Place of Business

Mailing Address

**2525 OLD OKEECHOBEE RD #17
W PALM BEACH FL 33409**

**820 34TH STREET
WEST PALM BEACH FL 33407**

922996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2465043

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WELLS, W.R.
820 34TH STREET
WEST PALM BEACH FL 33407**

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 ☐ Delete
NAME **P**
STREET ADDRESS **JAMES DYKSTRA**
CITY-ST-ZIP **4350 BEECH DR.
W. PALM BCH FL**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **COOK, JACK**
CITY-ST-ZIP **318 SEQUOIA PL
W PALM BCH FL**

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **SHOUSHANIAN, MICHELLE**
CITY-ST-ZIP **5407 S.E. 51ST DRIVE
STUART FL**

TITLE ☒ Change ☐ Addition
NAME **TRFS.**
STREET ADDRESS **W.R. WELLS**
CITY-ST-ZIP **820 34TH STREET
W. PALM BEACH, FLA 33407**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SALLY HERMAN**
CITY-ST-ZIP **2525 OLD OKEECHO BEE RD. 17
W. PALM BCH FL**

TITLE ☒ Change ☐ Addition
NAME **TRUSTEE - DIR.**
STREET ADDRESS **ALEX WILLIAMS**
CITY-ST-ZIP **2385 S.W. 14TH AVE
BOYNTON BCH FLA 33426-5853**

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: *Sally Herman* REJECTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 FEB '01 844-6429

Date Daytime Phone #

CR2E037 (10/00)