

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90061 014 ****61.25

DOCUMENT # N16967

1. Corporation Name

SARASOTA PERSONAL COMPUTER USER'S GROUP INC.

Principal Place of Business

%BARRY F. SPIVEY
P.O. BOX 15889
SARASOTA FL 34277-8889

Mailing Address

%BARRY F. SPIVEY
P.O. BOX 15889
SARASOTA FL 34277-8889



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/24/1986

4. FEI Number

59-2456855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SPIVEY, BARRY F.
1549 RINGLING BLVD.
SUITE 600
SARASOTA FL 34277

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **MAHARRY, PAUL**
STREET ADDRESS **2550 BRIAR OAK CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **PD** ☒ DELETE
NAME **LABASH, VINNY**
STREET ADDRESS **3600 COUNTRY PL BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE
NAME **KAISER, W M**
STREET ADDRESS **1248 NORTHPORT DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE
NAME **PLUTCHIK, ANITA**
STREET ADDRESS **4505 DEER CREEK BLVD**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ DELETE
NAME **OWEN, MARTI**
STREET ADDRESS **3488 BEEKMAN PL**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **FISHER-MATTHEWS, STEPHANIE**
STREET ADDRESS **5901 HOLLYWOOD BLVD**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Gerber, Dave**
2.3 STREET ADDRESS **7424 Cass Circle**
2.4 CITY-ST-ZIP **Sarasota, FL 34231**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **Saul, Robert II**
6.3 STREET ADDRESS **755 S. Palm Ave., Apt. 103**
6.4 CITY-ST-ZIP **Sarasota, FL 34236-7755**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. M. Kaiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 941-923-1881

CR2E037 (11/98)

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