

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16967

1. Entity Name

SARASOTA PERSONAL COMPUTER USER'S GROUP INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90150 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

%BARRY F. SPIVEY  
P.O. BOX 15889  
SARASOTA FL 34277-1889

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2456855

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

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

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 MAHARRY, PAUL  
STREET ADDRESS 2550 BRIAR OAK CIRCLE  
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE PD ☐ Delete  
NAME GERBER, DAVE  
STREET ADDRESS 7424 CASS CIRCLE  
CITY-ST-ZIP SARASOTA FL 34231

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7112 Pine Needle Rd.  
CITY-ST-ZIP Sarasota, FL 34242

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

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

TITLE D ☒ Delete  
NAME OWEN, MARTI  
STREET ADDRESS 3488 BEEKMAN PL  
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ Change ☒ Addition  
NAME James Cunnie  
STREET ADDRESS 1102 Ben Franklin Dr. #510  
CITY-ST-ZIP Sarasota, FL 34236

TITLE VD ☐ Delete  
NAME SAUL, ROBERT II  
STREET ADDRESS 755 S PALM AVE APT 103  
CITY-ST-ZIP SARASOTA FL 34236-7755

TITLE D ☒ 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:

WICKMA KAISER REQUIREM. KAISER, TREAS 4/26/00 941-923-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)