

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90060 048 \*\*\*\*61.25

**DOCUMENT # N16967**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2456855**

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

**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 NAME PD MAHARRY, PAUL ☒ Delete  
STREET ADDRESS 2550 BRIAR OAK CIRCLE  
CITY-ST-ZIP SARASOTA FL 34232

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

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

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

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

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

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

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

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

TITLE NAME D Hertz, Hope ☐ Change ☒ Addition  
STREET ADDRESS 4198 Oakhurst Circle West  
CITY-ST-ZIP Sarasota, FL 34233

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

TITLE NAME D ☐ Change ☒ Addition  
STREET ADDRESS ~~XXXXX~~ Koons, Jerry  
CITY-ST-ZIP 19 Whispering Sands Dr. #902N  
Sarasota, FL 34242

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**TREAS.**

Date

Daytime Phone #

CR2E037 (10/00)