## 2000 UNIFORM BUSINESS REPORT (ÚBR)

**SIGNATURE:** 

## FILED **DOCUMENT # N22554** Mar 28, 2000 8:00 am 1. Entity Name Secretary of State AMELIA ISLAND PC USER GROUP, INC. 03-28-2000 90048 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 1636 HIGHLAND STREET P O BOX 1213 FERNANDIAN BEACH FL 32035 FERNANDINA BEACH FL 32035-1213 2. Principal Place of Business ±145 N. 15th Street 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SFerAgandina Beach, FL 32034 City & State 4. FEI Number Applied For City & State 59-2878950 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 32034 Nassau 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Mary E. Sikes</u> Street Address (P.O. Box Number is Not Acceptable) PETERSON, RONALD F 1636 HIGHLAND STREET FERNANDINA BEACH FL 32034 145 N. 15th Street City Zip Code Fernandina Beach 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition TITLE TITLE Delete THOMAS, JANIE NAME NAME 4277 NASSAU RIVER RD STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE TITLE ☐ Delete ANDERSON, BARBARA NAME NAME 1612 ARBOR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL CITY-ST-7IP Change Change ☐ Addition X Delete TITLE PETERSON, RONALD NAME 1636 HIGHLAND STREET Mary E. Sikes STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP 145 N. 15th Street, Fernandina Bch CITY-ST-ZIP TITLE ☐ Defete TITLE FRANCK, ANN NAME 1953 LAKESIDE DR.S. STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE PROSSWIMMER, ALAN R NAME NAME 2799 PARK SQUAR PLACE EAST STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F TITLE ☐ Delete ANDERSON, CARL NAME NAME 1612 ARBOR LANE STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP CITY-ST-7IP 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.