

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22554

1. Entity Name

AMELIA ISLAND PC USER GROUP, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90025 032 ****61.25

Principal Place of Business

Mailing Address

145 N. 15TH ST
FERNANDINA BEACH FL 32034
US

P O BOX 1213
FERNANDINA BEACH FL 32035
US

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

59-2878950

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

SIKES, MARY E

145 N. 15TH ST

FERNANDINA BEACH FL 32034

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	P	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JANIE	
STREET ADDRESS	4277 NASSAU RIVER RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, BARBARA	
STREET ADDRESS	1612 ARBOR LANE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIKES, MARY E	
STREET ADDRESS	145 N. 15TH ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANCK, ANN	
STREET ADDRESS	1953 LAKESIDE DR.S.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROSSWIMMER, ALAN R	
STREET ADDRESS	2799 PARK SQUAR PLACE EAST	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, CARL	
STREET ADDRESS	1612 ARBOR LANE	
CITY-ST-ZIP	FERNANDINA BEACH FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray, John G.	
STREET ADDRESS	397 Otter Run Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Janie	
STREET ADDRESS	4277 NASSAU RIVER RD	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE REQUIRED

25 August 2001

CR2E037 (5/01)