

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 050 ****70.00

DOCUMENT # N33981

1. Entity Name

CENTRAL FLORIDA MID-RANGE USERS GROUP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3822
 ORLANDO FL 32802
 US

P.O. BOX 3822
 ORLANDO FL 32802-3822
 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

59-2962337

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, DANIEL H
541 ONE CENTER BLVD.
APT. 102
ALTAMONTE SPRINGS FL 32701

Name **JOHNSON, DANIEL H**
 Street Address (P.O. Box Number is Not Acceptable)
516 ONE CENTER BLVD APT 206
 City **ALTAMONTE SPRINGS** FL Zip Code **32701**

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 *Daniel H Johnson* **TREASURER** 4/24/2000
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	<input type="checkbox"/> Delete
NAME	FLUHR, WILLIAM H	
STREET ADDRESS	IBM, 315 E. ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, MATTHEW	
STREET ADDRESS	IBM, 315 E. ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, DANIEL H	
STREET ADDRESS	541 ONE CENTER BLVD, #APT 102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORELLI, ANTONIO	
STREET ADDRESS	1701 W. CARROLL STREET	
CITY-ST-ZIP	KISSIMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Daniel H Johnson* **REQUIRED** 4/24/00 407/620-8336
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/99)