

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90051 037 ****70.00

DOCUMENT # N37147

1. Corporation Name

HARRIS USERS GROUP, INC.

Principal Place of Business

% DIANE CONSTANTINO
1301 34TH STREET NORTH
ST. PETERSBURG FL 33713
US

Mailing Address

% DIANE CONSTANTINO
1301 34TH STREET NORTH
ST. PETERSBURG FL 33713
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

03/15/1990

4. FEI Number

59-3005713

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CONSTANTINO, DIANE E.
1301-34TH STREET NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETE
NAME **CONSTANTINO, DIANE**
STREET ADDRESS **1301 34TH ST. N**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P** ☒ DELETE
NAME **ZANMILLER, PETE**
STREET ADDRESS **1 GANNETT PLAZA**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **P** ☐ DELETE
NAME **TRACY, TIM**
STREET ADDRESS **2100 Q STREET**
CITY-ST-ZIP **SACRAMENTO CA**

TITLE **D** ☐ DELETE
NAME **VANDERVEEN, HANK**
STREET ADDRESS **1325 "H" STREET**
CITY-ST-ZIP **MODESTO CA 95352**

TITLE **D** ☐ DELETE
NAME **KNIGHT, BILL**
STREET ADDRESS **8460 TIMES DISPATCH BLVD**
CITY-ST-ZIP **RICHMOND VA 23111**

TITLE **D** ☐ DELETE
NAME **BENTLER, MARY**
STREET ADDRESS **19200 120TH NORTH EAST**
CITY-ST-ZIP **BOTHWELL WA 98011**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Constantino* **DIANE CONSTANTINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

727-893-8797

Daytime Phone #

CR2E037..(11/98)