

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90129 001 ****61.25

DOCUMENT # N37147

1. Entity Name

HARRIS USERS GROUP, INC.

Principal Place of Business

Mailing Address

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

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

59-3005713

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROSENBOHM, A J**
 CITY-ST-ZIP **3800 HOWARD AVE**
NEW ORLEANS LO 70140-1097

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

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

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

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

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

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

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BOMBERRY, GEORGE**
 CITY-ST-ZIP **5000 COMMERCE CENTER DR**
FRANKLIN OH 45005

TITLE ☐ Change ☒ Addition
 NAME **D. Riordan, Mike**
 STREET ADDRESS **P.O. Box 70**
 CITY-ST-ZIP **Las Vegas, Nevada 89125**

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: *Diane Constantino, Treas.*

7/10/02 727 322 6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Report #

CR2E037 (9/01)