

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90336 004 \*\*\*\*61.25

DOCUMENT # N40644

1. Entity Name

TERMS USER GROUP, INC.

Principal Place of Business

% SUE WETHERINGTON  
919 N BROAD ST  
BROOKSVILLE FL 34601  
US

Mailing Address

919 N BROAD ST  
BROOKSVILLE FL 34601  
US

2. Principal Place of Business

% Ann Altman  
Suite, Apt. #, etc.  
20430 Gator Lane

3. Mailing Address

20430 Gator Lane  
Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

Zip

34639

Country

U.S.

Zip

34639

Country

U.S.

4. FEI Number

65-0236801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUE WETHERINGTON  
919 N BROAD ST  
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Ann Altman  
Street Address (P.O. Box Number is Not Acceptable)  
20430 Gator Lane

City

Land O' Lakes

FL

Zip Code

34639

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

Ann Altman ANN ALTMAN Sec. Treas.

4-10-02

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BUSS, KEVIN	
STREET ADDRESS	3481 REID STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SUE WETHERINGTON	
STREET ADDRESS	919 N BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSS, KEVIN	
STREET ADDRESS	3841 REID STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBLIN, STEVE	
STREET ADDRESS	1007 WEST MAIN STREET BUILDING 300	
CITY-ST-ZIP	INVERNESS FL 34450-4698	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTMAN, ANN	
STREET ADDRESS	7227 LAND O'LAKES BLVD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANS, LORRAINE	
STREET ADDRESS	900 WALNUT STREET	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 34023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Steve <del>TAYLOR</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2903 Jefferson St.	
STREET ADDRESS	MARIANNA, FL 32446	
CITY-ST-ZIP		
TITLE	BRUCE McGUFFEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	900 Walnut Street	
STREET ADDRESS	Green Cove Springs, FL	
CITY-ST-ZIP		
TITLE	Steve Chamblin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1007 West main St. Bldg 300	
STREET ADDRESS	Inverness, FL 34450-4698	
CITY-ST-ZIP		
TITLE	Ann Altman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20430 Gator Lane	
STREET ADDRESS	Land O' Lakes, FL 34639	
CITY-ST-ZIP		
TITLE	Joe Clements	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	241 Trumbo Road	
STREET ADDRESS	Key West, FL 33040	
CITY-ST-ZIP		
TITLE	Judy Schalk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	500 E. Ocean Blvd	
STREET ADDRESS	Stuart, FL 34994	
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: Ann Altman ANN ALTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 352-524-2638

Date

Daytime Phone #