

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N45732**

1. Entity Name

**SOUTHWEST FLORIDA PC USERS GROUP, INC.****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90099 009 \*\*\*\*61.25

Principal Place of Business

1519 REYNARD DRIVE  
FORT MYERS FL 33919  
US

Mailing Address

4015 SE 20TH PL  
#202  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0251284**

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

**MENNITT, L C**  
**4015 SE 20TH PL**  
**#202**  
**CAPE CORAL FL 33904**

## 7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete  
NAME **WINCHELL, ALBERT**  
STREET ADDRESS **1519 REYNARD DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33919**TITLE **VPTD** ☐ Delete  
NAME **MENNITT, L C**  
STREET ADDRESS **4015 SE 20TH PL #202**  
CITY-ST-ZIP **CAPE CORAL FL 33904**TITLE **2VPD** ☐ Delete  
NAME **GRIFFITHS, JUDY**  
STREET ADDRESS **1202 3RD STREET, SUITE E**  
CITY-ST-ZIP **LEHIGH ACRES FL 33972**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 of L. C. Menitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01

941-542-2044

CR2E037 (10/00)