

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46038

1. Entity Name

PASCO AREA COMPUTER USERS GROUP, INCORPORATED

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90170 013 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 1582
DADE CITY FL 33526

POST OFFICE BOX 1582
DADE CITY FL 33526-1582

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

59-3028238

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

SAVIO, CHARLES J.
12029 MAJESTIC BLVD.
SUITE 7
BAYONET POINT FL 34667

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	P	<input type="checkbox"/> Delete
NAME	WHITE, RICHARD	
STREET ADDRESS	36150 NORTHBROOK AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WHYBREW, VIRGINIA	
STREET ADDRESS	37514 HOWARD AVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIDER-NESS, JANET	
STREET ADDRESS	39048 10TH AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUNKARD, VIRGINIA	
STREET ADDRESS	37950 ASHBROOK RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, C J	
STREET ADDRESS	34650 MISSION BELL LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINFELD, MYRON	
STREET ADDRESS	35921 HERMBSO LN	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDISCHHAUSER, JOHN	
STREET ADDRESS	38708 9th AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, NORMAN	
STREET ADDRESS	5824 DEAN DAIRY RD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
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:

Norman Leach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

813 782 7971

Daytime Phone #

CR2E037 (9/99)