

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90209 040 ****61.25

DOCUMENT # N46038

1. Entity Name

PASCO AREA COMPUTER USERS GROUP, INCORPORATED

Principal Place of Business

Mailing Address

**POST OFFICE BOX 1582
 DADE CITY FL 33526**

**POST OFFICE BOX 1582
 DADE CITY FL 33526**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3028238

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

**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 NAME	V RUDISCHHAUSER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	38708 9 AV	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE NAME	T LEACH, NORMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5824 DEAN DAIRY RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE NAME	R RIDER-NESS, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	39048 10TH AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE NAME	ST STUNKARD, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS	37950 ASHBROOK RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE NAME	D LINFELD, MYRON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	35921 HERMBSO LN	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	V Vesta, Marie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	37640 Campo Ave	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE NAME	S WAITE, MYRNA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3539 FOX RUDGE BLVD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE NAME	P Rider-Ness, JANET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	39048 10TH AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE NAME	T STUNKARD, VIRGINIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	37950 ASHBROOK ROAD	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE NAME	D WOODARD, WOODY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	41003 BEURY LANE	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Virginia Stunkard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-2002 (352) 567-8069

CR2E037 (9/01)