

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46677

1. Entity Name

MACINTOSH USERS GROUP OF ORLANDO, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90928 024 ****61.25

Principal Place of Business
999 DOUGLAS AVENUE
SUITE 3333
ALTAMONTE SPRINGS FL 32714-2063

Mailing Address
999 DOUGLAS AVENUE
SUITE 3333
ALTAMONTE SPRINGS FL 32714-2063

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

59-3509403

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

SALFI, DOMINICK J.
999 DOUGLAS AVENUE
SUITE 3333
ALTAMONTE SPRINGS FL 32714-2063

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, ANN	
STREET ADDRESS	3712 FINCH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEFTON, DAVID	
STREET ADDRESS	805 ARLINGTON BLVD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAEFFER, WILLIAM	
STREET ADDRESS	3712 FINCH STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AVERILL, JACK E	
STREET ADDRESS	5029 SHELLEY COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Ackerman	
STREET ADDRESS	2073 HUTTON POINT	
CITY-ST-ZIP	LONGWOOD - FL - 32779	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SHEDDAN	
STREET ADDRESS	1000 HOLT AVE. #2024	
CITY-ST-ZIP	WINTER PARK - FL - 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL JOYNER	
STREET ADDRESS	3202 RIO GRANDE TRAIL	
CITY-ST-ZIP	KISSIMMEE - FL - 34745	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCIA BAILEY	
STREET ADDRESS	550 THAMES CIRCLE	
CITY-ST-ZIP	LONGWOOD - FL - 32750	
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:

Andrew Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00

408-869-1787

CR2E037 (9/99)