

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90943 029 ****61.25

DOCUMENT # N46677

1. Entity Name

MACINTOSH USERS GROUP OF ORLANDO, INC.

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

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

7. Name and Address of New Registered Agent

Name **DAVID SEFTON**
 Street Address (P.O. Box Number is Not Acceptable)
805 ARLINGTON BOULEVARD
 City **ALTAMONTE SPRINGS** FL Zip Code **32701**

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 David Sefton - DAVID SEFTON - TREASURER
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

April 27, 2001
 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	P	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN, ANDREW	
STREET ADDRESS	2073 HUTTON POINT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SEFTON, DAVID	
STREET ADDRESS	805 ARLINGTON BLVD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAEFFER, WILLIAM	
STREET ADDRESS	3712 FINCH STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AVERILL, JACK E	
STREET ADDRESS	5029 SHELLEY COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, MERCIA	
STREET ADDRESS	550 THAMES CIR.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SHEDDAN	
STREET ADDRESS	525 STALLING ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VICE-PRESIDENT SECRETARY	<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	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY SCHMIDT	
STREET ADDRESS	554 DUCHESSE CT	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SEFTON	
STREET ADDRESS	805 ARLINGTON BLVD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
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: DAVID SEFTON - DAVID SEFTON April 27, 2001 407-339-3653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)