

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N47433**

1. Entity Name

PALM BEACH MACINTOSH USER GROUP, INC.

Principal Place of Business

P. O. BOX 21122

WEST PALM BEACH  
33416

FL

Mailing Address

P.O. BOX 21122

WEST PALM BEACH  
334161122

US

FL

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

**65-0319543**

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**MAGIDSON ANDREW E  
5190 LAS VERDES CIRDELRAY BEACH  
33484

FL

**7. Name and Address of New Registered Agent**Name  
MARTIN TERRY EStreet Address (P.O. Box Number is Not Acceptable)  
2780 WORCESTER RDCity  
LANTANA**FL**Zip Code  
33462

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 **TERRY K MARTIN****02/07/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER EDDY		NAME	SANDERS ANEDA	
STREET ADDRESS	6763 MOONLIT DR		STREET ADDRESS	5200 N. FLAGLER DR APT 703	
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIDSON ANDREW E		NAME	MARTIN TERRY K	
STREET ADDRESS	5190 LAS VERDES CIR		STREET ADDRESS	2780 WORCESTER RD	
CITY-ST-ZIP	DELRAY BEACH FL 33489		CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUS NORMAN E		NAME	KAMPEL GARY E	
STREET ADDRESS	1354 E LIBBY DR		STREET ADDRESS	3012 C SANCLARA	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCISE MICHAEL J		NAME	ELLIS BRUCE	
STREET ADDRESS	3302 INLET HARBOR		STREET ADDRESS	#127 118 CASTLEWOOD DR	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: Terry K Martin**

S.D.

02/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)