

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90081 018 \*\*\*\*61.25

**DOCUMENT # N94000005533**

1. Corporation Name

**BAY AREA MACINTOSH USERS GROUP, INC.**

Principal Place of Business

1060 NORTH SHORE DRIVE N.E.  
APT 1  
ST. PETERSBURG FL 33701  
US

Mailing Address

1060 NORTH SHORE DRIVE N.E.  
APT 1  
ST. PETERSBURG FL 33701  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 12021  
Suite, Apt. #, etc.

27 City & State

28 St Pete, FL  
Zip Country

29 33733 30 USA

3. Date Incorporated or Qualified

11/07/1994

4. FEI Number

59-3394071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KUBIAK, SUE  
1060 NORTH SHORE DRIVE N.E.  
APT 1  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VERCUYESSE, CURT  
STREET ADDRESS 1505 COOLWATER DR. APT N101  
CITY-ST-ZIP TAMPA FL 33603

TITLE VD  
NAME PROFFITT, PAGE  
STREET ADDRESS 11335 112TH ST  
CITY-ST-ZIP LARGO FL

TITLE S  
NAME SHEPPARD, KARI M  
STREET ADDRESS 1421 18TH AVENUE N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD  
NAME KUBIAK, SUE  
STREET ADDRESS 1060 NORTH SHORE DRIVE N.E., APT 1  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

727-864-6249

Daytime Phone #

CR2E037 (1/98)