## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2000 8:00 am DOCUMENT # **N94000005533 Secretary of State** BAY AREA MACINTOSH USERS GROUP, INC. 03-02-2000 90072 018 \*\*\*\*61.25 Mailing Address Principal Place of Business PO BOX 12021 1060 NORTH SHORE DRIVE N.E. ST PETERBURG FL 33733-2021 ST. PETERSBURG FL 33701 ·US 2. Principal Place of Business 3. Mailing Address 5/22 P.O. BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number FL 59-3394071 CICARWATER Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 33758 U.S. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JO HN FORSLUND, Street Address (P.O. Box Number is Not Acceptable) KUBIAK, SUE 2540 FAIRVIEW 57, 1060 NORTH SHORE DRIVE N.E. City SAFETY HARBOR Zip Code 34695 ST. PETERSBURG FL 33701 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change ☐ Addition TITLE 🔀 Delete TITLE WITTSTRUCK, RICHARD NAME VERCRUYESSE, CURT NAME: 1484 5- Marco PR. 21331 Hepson Rd STREET ADDRESS STREET ADDRESS 1505 COOLWATER DR. APT N101 ARE PROBLEMES CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33603** VD TITLE Delete TITLE WATKINS , MICHAEL PROFFITT, PAGE NAME: . . NAME 1184 San Marco Qu. STREET ADDRESS STREET ADDRESS 11335 112TH ST Largo, FL 33770 CITY-ST-ZIP CITY-ST-ZIP LARGO FL JMeed, Chery L & 1911 orange Blut. Way Palm Hator, FL 34683 Change : ☐ Addition TITLE TITLE 🔀 Delete SHEPPARD, KARI M NAME . NAME STREET ADDRESS STREET ADDRESS 1421 18TH AVENUE N. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL ☐ Addition Change Delete Delete TITLE FORSLUND, JOHN CURRAN, PATRICK J NAME P. O. BOX 127 STREET ADDRESS STREET ADDRESS 6616 32 WAY S Safety HARBOR FL CITY-ST-ZIP CITY-ST-ZIP 34695 SAINT PETERSBURG FL 33712 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Channe TITLE TITLE 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date