

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90018 032 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000005533			
1. Entity Name BAY AREA MACINTOSH USERS GROUP, INC.			
Principal Place of Business 1080 NORTH SHORE DRIVE N.E. APT 1 ST. PETERSBURG FL 33701 US		Mailing Address PO BOX 5122 CLEARWATER FL 33758 US	
2. Principal Place of Business 1102 MAXIMO AVE. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State	
Zip 33759-3325	Country PINELLAS	Zip	Country
4. FEI Number 59-3394071		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORSLUND, JOHN 2540 FAIRVIEW ST SAFETY HARBOR FL 34695		7. Name and Address of New Registered Agent 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 <i>John Forslund</i> JOHN FORSLUND <small>Signature, typed or printed name of registered agent and title if applicable.</small>		01/05/01 <small>DATE</small>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete WITTSTRUCK, RICHARD 21331 HOPSON RD LAND O LAKES FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete WATKINS, MICHAEL 1184 SAN MARCO DR LARGO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SMEED, CHERYL 1911 ORANGE BLVD WAY PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete FORSLUND, JOHN PO BOX 127 SAFETY HARBOR FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>John Forslund</i> JOHN FORSLUND <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/5/01 727-725-2080 <small>Date Daytime Phone #</small>	

CR2E037 (10/00)