

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005271

1. Entity Name

SOFTWARE SUPPORT CONSORTIUM, INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90007 010 ****61.25

Principal Place of Business

Mailing Address

8444 GASKIN ROAD
BALDWINVILLE NY 13027
US

8444 GASKIN ROAD
BALDWINVILLE NY 13027-9252
US

00013291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2211614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERRY, JOHN E
1900 S.E. 4TH STREET
GAINESVILLE FL 32641

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

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

(NOTE: Registered Agent signature required when reinstating)

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 P/D ☐ Delete
NAME THOMAS, FRED N., JR.
STREET ADDRESS 1800 FARM WORKERS WAY
CITY-ST-ZIP IMOKALEE FL 33934-5544

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Delete
NAME CHERRY, JOHN
STREET ADDRESS 1900 S.E. STREET
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Delete
NAME BROTHERS, LORIE
STREET ADDRESS 8444 GASKIN RD.
CITY-ST-ZIP BALDWINVILLE NY 13027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME James Miranda
STREET ADDRESS 346 Woodlawn Ave.
CITY-ST-ZIP Elmira, NY 14901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/2000

607-737-7136