

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001139

1. Entity Name

ST. AUGUSTINE IBM USER GROUP, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

02-29-2000 90240 038 ****61.25

Principal Place of Business

31 ORANGE ST
ST AUGUSTINE FL 32084
US

Mailing Address

PO BOX 4301
ST AUGUSTINE FL 32085-4301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3353786

Applied For

Not Applicable

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

HARRIS, FRED
31 ORANGE STREET
ST. AUGUSTINE FL 32084

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

2-20-00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 **D** ☒ Delete
NAME **KUMMERO, V**
STREET ADDRESS **4213 WICKS BRANCH RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **DIRECTOR "D"** ☐ Change ☒ Addition
NAME **HERRICK, GARY**
STREET ADDRESS **5 CORDOVA S-**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **S** ☐ Delete
NAME **BISHOP, CLAIRE**
STREET ADDRESS **31 ORANGE STREET**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **TREASURER "T"** ☐ Change ☒ Addition
NAME **PLEASANT, CASSANDRA**
STREET ADDRESS **5436 PIA SOUTH**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE **V** ☒ Delete
NAME **JAMES, PAULA**
STREET ADDRESS **4256 WICKS BRANCH RD.**
CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE **T** ☐ Delete
NAME **HARRIS, F**
STREET ADDRESS **31 ORANGE ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **PRESIDENT, DIRECTOR "P,D"** ☒ Change ☐ Addition
NAME **HARRIS, F**
STREET ADDRESS **31 ORANGE ST**
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **P** ☐ Delete
NAME **MILLER, DAVID**
STREET ADDRESS **8270 MCOLEE RD.**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **VP, DIRECTOR "VP,D"** ☒ Change ☐ Addition
NAME **MILLER, DAVID**
STREET ADDRESS **8270 MCOLEE RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **D** ☒ Delete
NAME **WATNER, H C JR**
STREET ADDRESS **700 PINEHURST PL**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

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 an officer, like empowered.

SIGNATURE:

Signature of President

2-20-00 904-824-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

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Department of State

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMMERO, V 4213 WICKS BRANCH RD ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISHOP, CLAIRE 31 ORANGE STREET ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES, PAULA 4256 WICKS BRANCH RD. ST AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, F 31 ORANGE ST ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DAVID 8270 MCOLEE RD. ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATNER, H C JR 700 PINEHURST PL ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, GARY 5 CORDOVA ST ST AUGUSTINE FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLESANT, CASSANDRA SHORE DRIVE ST AUGUSTINE FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # 14856

Pl. 6125
CR # 0346
2-20-2000

DO NOT WRITE IN THIS SPACE

Please note
we paid but say
first time we filed
this form out
wrong. The cleared out
bank march 3 deposited
your acct # on
1009068796 2/24/2000

2-20-00

2-20-00 904-824-9898