

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001139

1. Entity Name

ST. AUGUSTINE IBM USER GROUP, INC.

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90185 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

31 ORANGE ST  
ST AUGUSTINE FL 32084  
US

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

2-22-02

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 ☐ Delete  
NAME HERRICK, GARY  
STREET ADDRESS 5 CORDOVA 5  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

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

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

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

TITLE ☐ Delete  
NAME PLEASANT, CASSANDRA  
STREET ADDRESS 5436 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32080

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

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

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

TITLE ☐ Delete  
NAME MILLER, DAVID  
STREET ADDRESS 8270 MCOLEE RD  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-02 904-824-9898

CR2E037 (9/01)