

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000003584****1. Entity Name**
NORTH FLORIDA COMPUTER SOCIETY, INC.**Principal Place of Business**
1883 PINE STREET
HILLARD FL 32046
Mailing Address
POST OFFICE BOX 289
HILLIARD FL 32046**2. Principal Place of Business**
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3389228
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGREER LEWIS R
1883 PINE STREET
HILLIARD FL 32046
US**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** **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FONTAINE WILLIAM E	1883 PINE STREET	HILLARD FL 32046				
D	HOLCOMBE PAMELA G	1883 PINE STREET	HILLARD FL 32046				
PSTD	GREER LEWIS R	1883 PINE STREET	HILLARD FL 32046				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Lewis R Greer **P** **04/16/2001**

CR2E037 (11/00)