2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
02-24-2000 90045 047 ****61.25

DOCUMENT # N96000005915

1. Entity Name

CITRUS MACINTOSH USERS GROUP, INCORPORATED

Principal Place of Business	Mailing Address
~~17 CYPRESS BOULEVARD WEST~~ ~~HOMOSASSA FL 34446~~	~~17 CYPRESS BOULEVARD WEST~~ ~~HOMOSASSA FL 34446-4639~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 273	P.O. Box 273
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LECANTO, FLORIDA	City & State: LECANTO, FLORIDA
Zip: 34460 Country: USA	Zip: 34460 Country: USA

4. FEI Number: 65-0703634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, GAIL
17 CYPRESS BOULEVARD WEST
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name: JOAN J. RIEKEN
Street Address (P.O. Box Number is Not Acceptable): 4294 WEST PAPOOSE LANE
City: BEVERLY HILLS FL Zip Code: 34465

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: JOAN J. RIEKEN Joan J. Rieken 2.7.2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GARY, KEVIN 40 CYRESS BLVD. WEST HOMOSASSA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT AL PETRY 341 N. BIG OAKS PT. LECANTO, FL 34461	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERNANDEZ, RANDY 9830 SOUTH ARABIAN AVE. FLORAL CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MITCHELL, GAIL B. 17 CYPRESS BLVD. WEST HOMOSASSA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP-EDUCATION JEANNE BONNITT 8 FIG COURT WEST HOMOSASSA FL 34446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STERN, NORMA 651 HARTFORD ST. BLDG. 343B HERNANDO FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SECRETARY/REGISTERED AGENT JOAN J. RIEKEN 4294 WEST PAPOOSE LANE BEVERLY HILLS, FL 34465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MC WAHLERS, JACQUELINE 298 WEST ROCKY LANE BEVERLY HILLS FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: JOAN J. RIEKEN REQ Joan J. Rieken 2.7.2000 352-746-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #