

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005915

1. Entity Name

CITRUS MACINTOSH USERS GROUP, INCORPORATED

Principal Place of Business

PO BOX 273
LECANTO FL 34460
US

Mailing Address

PO BOX 273
LECANTO FL 34460
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

65-0703634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEKEN, JOAN J
4294 WEST PAPOOSE LANE
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

Name AL PETRY

Street Address (P.O. Box Number is Not Acceptable)

341 N BIG OAKS PT

City LECANTO

FL

Zip Code 34461

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

AL Petry, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

TITLE PD
NAME PETRY, AL
STREET ADDRESS 341 N BIG OAKS PT
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE PD
NAME HERNANDEZ, RANDY
STREET ADDRESS 9830 SOUTH ARABIAN AVE.
CITY-ST-ZIP FLORAL CITY FL ☐ Delete

TITLE DVE
NAME BONNITT, JEANNE
STREET ADDRESS 8 FIG CT WEST
CITY-ST-ZIP HOMOSASSA FL 34446 ☒ Delete

TITLE TDSR
NAME RIEKEN, JOAN J
STREET ADDRESS 4294 W PAPOOSE LANE
CITY-ST-ZIP HERNANDO FL 34465 ☒ Delete

TITLE TREASURER
NAME JT QUINN
STREET ADDRESS 197 E JOPLIN CT
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *AL PETRY* SIGNATURE REQUIRED

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90259 048 ****61.25

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DO NOT WRITE IN THIS SPACE