

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90036-017-\$61.25-\$61.25

DOCUMENT # N96000006468

1. Entity Name

FLORIDA PEOPLESFT USERS GROUP, INC.

Principal Place of Business

3706 PALMA CELA CT
TAMPA FL 33629

Mailing Address

3706 PALMA CELA COURT
TAMPA FL 33629

2. Principal Place of Business

18928 St. Laurent dr

Suite, Apt. #, etc.

3. Mailing Address

18928 St. Laurent dr

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

Zip

33549

Country

Zip

33549

Country

4. FEI Number

59-3411914

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSELLA, SUSANNE
3706 PALMA CELA CT
TAMPA FL 33629

Berry, Peggy
18928 St. Laurent dr
Lutz, FL 33549

7. Name and Address of New Registered Agent

Name

Peggy Berry

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

18928 St. Laurent dr

City

Lutz

FL

Zip Code

33549

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

Margaret K. Berry
Margaret K. Berry

SUSANNE KINSELLA

10-1-00

(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

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

TITLE	D	OK	Keep
NAME	KINSELLA, SUSANNE		
STREET ADDRESS	3706 PALMA CELA CT		
CITY-ST-ZIP	TAMPA FL 33629		
TITLE	D	<input type="checkbox"/> Delete	
NAME	REYHER, JANIS		
STREET ADDRESS	2259 ADAM CT		
CITY-ST-ZIP	PALM HARBOR FL 33683		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BERRY, PEGGY		
STREET ADDRESS	18928 ST LAURENT DR		
CITY-ST-ZIP	LUTZ FL 33549		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

10-25-00 8139488055