2000 UNIFORM BUSINESS REPORY (UBR)

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

DOCU 1. Entity Nam	MENT # N96000	006468				e- 11 F	-) .		
FLORIDA PEOPLESOFT USERS GROUP, INC.					·	r ILI MARY ISION OF CO	OF STAIL		
Principal Plac	ce of Business	Mailing Address			_	00 OCT 30	600		
3706 PALMA		3706 PALMA CEIA COURT			· ·	0000130	रता भः । ४		
TAMPA FL 33		TAMPA FL 33629			ı				
]				 	e i 113 12 111 15 11 0 1 5111	nHA 111	AT COLLEGE
	Place of Business	3. Mailing Address La	ures dol						
Suite, Apt.	8 St. Laurentdr #. otc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE		
		0.00			4 Fried			lann	lied For
City & State Lutz FL		City & State Lutz FL			FO 0444044			Applicable	
zip 3 3.	Country	33549	Country	-	5. Certificate o	f Status Desired	□ \$8.75 Fee Re		ional
<u>ى ر.</u>	6. Name and Address of Current I	<u> </u>			_7.~Name and /	ddress of Now Ro			ب تيدند
			Name		agen t	serry			
KINSELLA	SUSANINE Berry, P.	eggy , Laurent dr	Street	ddress (F	Sox Number	is Not Acceptable)	dr		
3706-PAE	MACELACT 18928 St	Laurest dr		V / V					·
IAMEA-FI	133629 Ludz. FC	335 49	City	1	t2		FL Zip	Code	549
8. The above	named entity submits this statementator	the purpose of changing its	registered office of	registere	ed agent, or both,	in the state of Flor		<u></u>	 /
•	Starfaut KBC	ng Margi	aret K.1	Вет	1	/	0-1-00		
SIGNATURE .	melan		NSELLA		<u>'</u>		th a west		
	Signature, typed or printed nerre of registered agent a	and title if applicable. (NOTE	Registered Agent signal	iura required :	when reinstating)		DATE		
	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing	\$5	.00 May Be	Make	Check Payab	ie to	
	tember 13, 2000 min. will be \$2		ontribution. E		led to Fees	Dep	artment of Si	ate	
10.	OFFICERS AND DIR	ECTORS	11.	A	IDDITIONS/CHA	NGES TO OFFICER	S AND DIRECTO	RS IN 1	10
TITLE	NINSELLA SUSANNE	- Electe	TITLE NAME				Ch	ange	Addition
NAME STREET ADDRESS	3708 PALMA CEKA CT	Kup	STREET ADDRESS	ر ۔. [-				
CITY-ST-ZIP	TASMPA FL 3/36/29		CITY-ST-ZIP	- 45					- Addition
title Name	D REYHER JANIS	☐ Delete	TITLE NAME	````			☐ Ch	ange	☐ Addition
ȘTREEȚ ADORESS.	2259 ADAM-CT	وهريم حميا	- STREET ADDRESS]			** - :	٠.	. سيء .
CHY-ST-ZIP	PALM HARBOR FL 33683	Delete	CITY-ST-ZIP	-				anne	☐ Addition
NAME	BERRY, PEGGY		NAME						
STREET ADDRESS CITY-ST-ZIP	18928 ST LAURENT DR		STREET ADDRESS CITY-ST-ZIP		•				
TITLE	LUTZ FL 33549	☐ Delete	TITLE					ange	☐ Addition
NAME	1		HAME	ĺ					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		•				
TITLE	 	☐ Delete	TITLE	· · · · · · · · ·		Λ	, □ ch	ange	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			1	1 also		
CITY-ST-ZIP			CITY-ST-ZIP			M	<u> </u>	-	
TITLE		☐ Delete	IIITE			7	Ch	ange	■ Addition
NAME STREET ADDRESS			NAME STREET ADORESS						1
C/TY-ST-ZIP			CITY-ST-ZIP						/_
12. I hereby	certify that the information supplied with f on this report or supplemental report is	this filing does not qualify for	the exemption star	ted in Sec	ction 119.07(3)(i).	Florida Statutes. I	further certify that	the inf	ormátion
		true and accurate and that in	iy signatule shan n	1440 N 10 P	ame legal erect i	as if made under oa	ith; that I am an o	fficer o	r, OIFECTOR
of the col	rporation or the receiver or trustee empo I, or on an attachment with an address, v	weted to execute this report	as required by Cha	apter 617,	ame legal enect : Florida Statutes;	as if made under or and that my name	ath; that I am an o appears in Block	fficer o	llock 11 if
of the cor changed	rporation of the receiver of trustee empo , or on an attachment with an address, v	weted to execute this report	is signature sharing as required by Cha	apter 617,	ame legal erect : Florida Statutes;	es if made under or and that my name	ath; that I am an o appears in Block	fficer of 10 or 8	SOS
of the col	rporation or the receiver or trustee empo i, or on an attachment with an address, v FURE: SIGNATU	weted to execute this report	EBEN	ppter 617,	ame legal enect	as if made under or and that my name 25 DO Oste	ath; that I am an o appears in Block 8/39/ Deytime Ph	18	SOS