

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006468

1. Entity Name

FLORIDA PEOPLESFT USERS GROUP, INC.

Principal Place of Business

18928 ST. LAURENT DR  
LUTZ FL 33549

Mailing Address

18928 ST. LAURENT DR  
LUTZ FL 33549

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

59-3411914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERRY, PEGGY  
18928 ST. LAURENT DR  
LUTZ FL 33549

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

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

TITLE D ☐ Delete  
NAME KINSELLA, SUSANNE  
STREET ADDRESS 3706 PALMA CELA CT  
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete  
NAME REYHER, JANIS  
STREET ADDRESS 2259 ADAM CT  
CITY-ST-ZIP PALM HARBOR FL 33683

TITLE D ☐ Delete  
NAME BERRY, PEGGY  
STREET ADDRESS 18928 ST LAURENT DR  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01 813948-8055

Date

Daytime Phone #

CR2E037 (10/00)

0050396

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90499 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE