

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003094

1. Entity Name

THE ALACHUA COUNTY COMPUTER USERS GROUP, INC.

Principal Place of Business

4720 NW 32 AVENUE
GAINESVILLE FL 32606-6023
US

Mailing Address

4720 NW 32 AVENUE
GAINESVILLE FL 32606-6023
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

59-3530615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, ROBERT H
120 EAST CALL STREET
STARKE FL 32091-3318

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME YRAUSQUIN, JANICE W
STREET ADDRESS 4720 NW 32 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32606-6023

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

TITLE D ☐ Delete
NAME YRAUSQUIN, XAVIER H SR
STREET ADDRESS 4720 NW 32 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32606-6023

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

TITLE D ☐ Delete
NAME WHEELER, ROBERT H
STREET ADDRESS 120 EAST CALL STREET
CITY-ST-ZIP STARKE FL 32091-3318

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

TITLE ☐ Delete
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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:

Robert H. Wheeler
TREASURER

4/22/00

904-966-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90548 045 ****61.25