

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003094

1. Entity Name

THE ALACHUA COUNTY COMPUTER USERS GROUP, INC.

Principal Place of Business

Mailing Address

4720 NW 32 AVENUE  
GAINESVILLE FL 32608-6023  
US

4720 NW 32 AVENUE  
GAINESVILLE FL 32608-6023  
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

YRAUSQUINN, JONICE  
4720 NW 32ND AVE  
GAINESVILLE FL 32608

Name

XAVIER YRAUSQUIN SR

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

4720 NW 32 AVE

City

GAINESVILLE

FL

Zip Code

32606

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	MD	<input checked="" type="checkbox"/> Delete
NAME	YRAUSQUIN, JANICE W	DECEASED
STREET ADDRESS	4720 NW 32 AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608-6023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YRAUSQUIN, XAVIER H SR	
STREET ADDRESS	4720 NW 32 AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608-6023	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, ROBERT H	DECEASED
STREET ADDRESS	120 EAST CALL STREET	
CITY-ST-ZIP	STARKE FL 32091-3318	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTON, GREG	
STREET ADDRESS	3334 NW 4TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOANNE KLINE	
STREET ADDRESS	1409 NW 52 TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
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		
CITY-ST-ZIP		
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		
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

Date

Daytime Phone #

(352) 380-0587

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-17-2002 90029 031 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)