

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-15-2002 90037 045 ****61.25

DOCUMENT # N99000002986

1. Entity Name

GREATER TAMPA BAY PC USER GROUP, INC.

Principal Place of Business

10414 COLUMBUS DRIVE
 BLDG. 605. ROOM 8TEC 103
 TAMPA FL

Mailing Address

P.O. BOX 501
 BRANDON FL 33509-0501

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3654227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLOWELL, PHIL
 1805 SOUTHCREST COURT
 BRANDON FL 33510

7. Name and Address of New Registered Agent

Name **COLDWELL, PHIL**

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

1605 SOUTHCREST CT.

City **BRANDON**

FL

Zip Code

33510

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 ☐ Delete
 NAME **D SOCHER, BRIAN**
 STREET ADDRESS **2108 LITHIA PINECREST**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Delete
 NAME **D VANDERFORD, CHARLES**
 STREET ADDRESS **11406 ROBLES DEL RIO PLACE**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☒ Delete
 NAME **VP BRUCE, JOHN**
 STREET ADDRESS **13650 GLEN HARWELL RD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ Delete
 NAME **ST COLDWELL, PHIL**
 STREET ADDRESS **1805 SOUTHCREST CT**
 CITY-ST-ZIP **BRANDON FL 33510**

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 **PRESIDENT**
 STREET ADDRESS **BRIAN SOCHER**
 CITY-ST-ZIP **2108 LITHIA PINECREST VALRICO, FL 33594**

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

TITLE ☐ Change ☒ Addition
 NAME **VP MILLER, AL D**
 STREET ADDRESS **2966 FOREST CIRCLE**
 CITY-ST-ZIP **JEFFER, FL 33584**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02

Date

813-654-6736

Daytime Phone #

CR20037 (9/01)