## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # N99000004977 1. Entity Name FLORIDA ORACLE APPLICATIONS USER GROUP, INC. 05-03-2001 90096 004 \*\*\*\*70.00 Mailing Address Principal Place of Business 8200 NW 52ND TERRACE 8200 NW 52ND TERRACE **STE 300** STE 300 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 1000 E. ROBINSON STRICKT 1000 E. KOBINSON STREET Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Çity & State City & State 4. FEI Number Applied For 65-0948113 UMANDO Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ISA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNDY Street Address (P.O. Box Number is Not Acceptable) HARVEY, STEVEN STULET 8350 NW 52ND TERRACE SUITE 205 **MIAMI FL 33166** Juazio 280 l 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition PD **X** Delete TITLE TITLE GIAGER MUNDY NAME BARBEIRO, ERIC NAME 1000 E. ROBINSON ST. STREET ADDRESS STREET ADDRESS 1601 SW 80TH TERRACE ORLAWSO, FL. 32801 CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33318 <u> VD</u> Change Change ☐ Addition Delete TITLE TITLE JOHN REZSONYA LUCIANO, HECTOR NAME NAME 10151 DEELWOOD PARK BLVD., BLDG 100, STE 120 STREET ADDRESS 8350 NW 52ND TERRACE SUITE 205 STREET ADDRESS JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166\_\_\_ ۷D Delete Change ☐ Addition TITLE TITLE ALISON HALLS HARVEY, STEVEN NAME 2380 SOUD LAKE ROAD, STELOO STREET ADDRESS 8350 NW 52ND TERRACE SUITE 205 STREET ADDRESS ORLANDO, FL. 32819 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TĎ TITLE ☐ Addition TITLE ☐ Delete Change NAME BARRY, JENNIFER NAME STREET ADDRESS 1045 EAST ATLANTIC AVE. SUITE 214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ANNA SD TITLE Change Addition TITLE Delete AWIN SPICUZZA NAME **BURDEN, MILLEY** NAME 5422 CARLIER DEWE, STE 102 STREET ADDRESS STREET ADDRESS 2725 SCHERER DRIVE Deva DO, Fr. 32819 CITY-ST-ZIP CITY-ST-ZIP ST.PETERSBURG FL 33716 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

Date Daytime Phone #