

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005821

1. Entity Name

LINUX ENTHUSIASTS AND PROFESSIONALS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90290 002 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 944
PLYMOUTH FL 32768

P.O. BOX 944
PLYMOUTH FL 32768-0944

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

59-3607820

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

BARNETT, PHIL
1105 BINION RD.
APOPKA FL FL327-68

Name

Anthony J. Becker III

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

30907 Deal Dr

City

Sorrento

FL

Zip Code

32776

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 Treasurer
Anthony J. Becker III Anthony J. Becker III 26 Apr 2000
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	President	<input type="checkbox"/> Delete
NAME	Christopher M. Young	
STREET ADDRESS	3838 Stanfield Dr.	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Phil Barnett	
STREET ADDRESS	1105 Binion Rd.	
CITY-ST-ZIP	Apopka FL 32768	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Anthony J. Becker III	
STREET ADDRESS	30907 Deal Dr	
CITY-ST-ZIP	Sorrento FL 32776	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Max FLANG	
STREET ADDRESS	117 River Chase Dr	
CITY-ST-ZIP	Orlando FL 32807	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Steve Litt	
STREET ADDRESS	102 Spanish Oak Lane	
CITY-ST-ZIP	Apopka FL 32703	
TITLE	Director	<input type="checkbox"/> Delete
NAME	David Billsbrough	
STREET ADDRESS	907-I Bollard St	
CITY-ST-ZIP	Altamonte Springs FL 32701	

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: Anthony J. Becker III Anthony J. Becker III 26 Apr 2000 907-306-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)