

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006520

1. Entity Name

SOFT NETWORK USERS GROUP, INC.

Principal Place of Business

34350 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

Mailing Address

34350 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

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

59-3636822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REED, DONALD P  
975 SIXTH AVENUE SOUTH  
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

TITLE	Part President	<input checked="" type="checkbox"/> Delete
NAME	DELANEY, MARTHA	
STREET ADDRESS	160 ELMGROVE PARK	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASSITY, JAMES	
STREET ADDRESS	3804 N. 700 W	
CITY-ST-ZIP	SHARPSVILLE IN 46068	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	FUTRAL, DEB	
STREET ADDRESS	1079 ST. GALEN AVE. W.	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Johnson	
STREET ADDRESS	737 Broadway (Rt 40)	
CITY-ST-ZIP	Fargo, ND 58123	
TITLE	Director	<input checked="" type="checkbox"/> Addition
NAME	Susan June Scherschel	
STREET ADDRESS	1405 m St	
CITY-ST-ZIP	Bedford, IN 47421	
TITLE	Anne Gelsie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1079 St Gallen Ave W	
STREET ADDRESS	Mobile, AL 36608	
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:

Susan June Scherschel PRESIDENT 2-21-01 812 276 1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)