

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S37756

1. Entity Name

MICRO CENTER INTERNATIONAL INCORPORATED

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90036 044 \*\*\*150.00

Principal Place of Business

Mailing Address

3743 W. UNIVERSITY AVE.  
GAINESVILLE FL 32607  
US

3743 W. UNIVERSITY AVE.  
GAINESVILLE FL 32607-2457  
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

59-3060266

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

GODWIN, JEAN C.

~~230 NW 2ND AVENUE~~  
GAINESVILLE FL 32601

*Address Change*

Name

GODWIN, JEAN C.

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

23218 N.E. 69 AVE

City

MELROSE

FL

Zip Code

32666

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

*Jeann Godwin*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, JEAN C	
STREET ADDRESS	RT 2 BOX 2071	
CITY-ST-ZIP	MELROSE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALDERMAN, ROMULOUS	
STREET ADDRESS	729 SEMINOLE RIDGE RD	
CITY-ST-ZIP	MELROSE FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GODWIN, JEAN C	
STREET ADDRESS	RT 2 BOX 2071	
CITY-ST-ZIP	MELROSE FL	
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		

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

*Jeann Godwin*  
Date: 3/31/00 352-376-1146  
Daytime Phone #

CR2E034 (9/99)