

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91911

1. Entity Name

NORTH PORT RETIREMENT CENTER, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90073 029 ***158.75

Principal Place of Business

25178 MERCEDES DRIVE
 PORT CHARLOTTE FL 33983

Mailing Address

25178 MERCEDES DRIVE
 PORT CHARLOTTE FL 33983-5539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NORTH PORT PINES

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4950 POCATELLA AVE

City & State

NORTH PORT

PORT CHARLOTTE FL

4. FEI Number **65-0292534**

Applied For
 Not Applicable

Zip *34287*

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUTT, ZIA U
~~25178 MERCEDES DRIVE~~ *4400 HARBOR Blvd-*
 PORT CHARLOTTE FL ~~33983~~ *33959*

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

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 Delete
 NAME **P BUTT, ZIA**
 STREET ADDRESS **25178 MERCEDES DR.**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S BUTT, MUNIR**
 STREET ADDRESS **25178 MERCEDES DR.**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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TITLE Change 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (941) 426-9175
 Date Daytime Phone #

CR2E034 (9/99)