

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 395295**

1. Entity Name

OLD PORT COVE CORPORATION**FILED****Apr 12, 2000 8:00 am**
Secretary of State

04-12-2000 90053 015 ***150.00

Principal Place of Business

Mailing Address

**1200 U.S. HWY. 1
NORTH PALM BEACH FL 33408****1200 U.S. HWY. 1
NORTH PALM BEACH FL 33408-3502**

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

59-1392275

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****LETSCH, EILEEN F.
102 NOCOSSA CIRCLE
JUPITER FL 33458**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	LETSCH, EILEEN	1200 US HWY 1	N PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTS	CANTY, ARLENE J	1200 U.S. HWY. 1	N. PALM BCH. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	BROWN, MARCELLA	1200 US HWY 1	N PALM BEACH FL 33-4408	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	KERWIN, EDWARD P	1200 US HWY 1	N PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DC	GRAY, GORDON C	102 NOCOSSA CIR	JUPITER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4/4/00

Date

Daytime Phone # _____