

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704357

1. Entity Name

THE NORTH PORT YACHT CLUB, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90120 034 \*\*\*\*61.25

Principal Place of Business 7050 CHANCELLOR BLVD PO BOX 7132 NORTH PORT FL 34287-0132	Mailing Address 7050 CHANCELLOR BLVD PO BOX 7132 NORTH PORT FL 34287-0132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-6179969</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIVITERA, SALVATORE**  
**5013 KINGSLEY**  
**N PORT FL 34287**

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 \_\_\_\_\_ (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: C NAME: CARD, ARTHUR STREET ADDRESS: NEWARD STREET CITY-ST-ZIP: NORTH PORT FL	<input checked="" type="checkbox"/> Delete
TITLE: VC NAME: JOHNSON, BRIAN STREET ADDRESS: 5709 KENWOOD DRIVE CITY-ST-ZIP: NORTH PORT FL	<input checked="" type="checkbox"/> Delete
TITLE: RC NAME: MANGOLD, CHARLES STREET ADDRESS: 7024 PAN AMERICAN CITY-ST-ZIP: NORTH PORT FL	<input type="checkbox"/> Delete
TITLE: T NAME: DUNAWAY, JEAN STREET ADDRESS: 6448 SAFFORD TERRACE CITY-ST-ZIP: NORTH PORT FL	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: MURPHY, DIANE STREET ADDRESS: 206 MCDILL CITY-ST-ZIP: NORTH PORT FL	<input type="checkbox"/> Delete
TITLE: TD NAME: PRIVITERA, SALVATORE STREET ADDRESS: 5013 KINGSLEY CITY-ST-ZIP: N PORT FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: C NAME: DONALD DORFER STREET ADDRESS: 6348 KENWOOD DR. CITY-ST-ZIP: NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VC NAME: JOSEPH RENTON STREET ADDRESS: 4542 LULLABY RD. CITY-ST-ZIP: NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: RC NAME: CHARLES MANGOLD STREET ADDRESS: 7024 PAN AMERICAN BLVD. CITY-ST-ZIP: NORTH PORT, FL. 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: HARRY COOLIDGE STREET ADDRESS: 4012 ABBOTSFORD ST. CITY-ST-ZIP: NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DIANE MURPHY STREET ADDRESS: 206 MCDILL CITY-ST-ZIP: NORTH PORT, FL. 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: SALVATORE PRIVITERA STREET ADDRESS: 5013 KINGSLEY RD. CITY-ST-ZIP: NORTH PORT, FL. 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Donald Dorfer **REED** **4-4-2000** **(941) 426-2057**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)