

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90243 043 \*\*\*\*61.25

**DOCUMENT # 704357**  
 1. Entity Name  
**THE NORTH PORT YACHT CLUB, INC.**

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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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent <b>PRIVITERA, SALVATORE 5013 KINGSLEY N PORT FL 34287</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>DORFER, DONALD</b> <b>6348 KENWOOD DR</b> <b>NORTH PORT FL 34287</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CD</b> <b>DeBono, Alfred</b> <b>2328 Yuma</b> <b>North Port, FL 34287</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VC</b> <b>RENTON, JOSEPH</b> <b>4542 LULLABY RD</b> <b>NORTH PORT FL 34287</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VC</b> <b>Leonard Donofrio</b> <b>5931 Hob Hill Avenue</b> <b>North Port, FL 34287</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>RC</b> <b>MANGOLD, CHARLES</b> <b>7024 PAN AMERICAN</b> <b>NORTH PORT FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RC</b> <b>Andrew Pogamy</b> <b>4287 Nettle Road</b> <b>Port Charlotte, FL 33953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>COOLIDGE, HARRY</b> <b>4012 ABBOTSFORD ST</b> <b>NORTH PORT FL 34287</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>SD</b> <b>MURPHY, DIANE</b> <b>206 MCDILL</b> <b>NORTH PORT FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>Murphy, Dianne</b> <b>206 McDill Drive</b> <b>Port Charlotte, FL 33953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD</b> <b>PRIVITERA, SALVATORE</b> <b>5013 KINGSLEY</b> <b>N PORT FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b> <b>Privitera, Salvatore</b> <b>5013 Kingsley Road</b> <b>North Port, FL 34287</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Harry H. Coolidge Harry H. Coolidge, Treas. 419-01 844-1495  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ONE Daytime Phone #

CR2E037 (10/00)