

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91159 038 \*\*\*\*61.25

**DOCUMENT # 704357**

1. Entity Name

**THE NORTH PORT YACHT CLUB, INC.**

Principal Place of Business

Mailing Address

7050 CHANCELLOR BLVD  
 PO BOX 7132  
 NORTH PORT FL 34287-0132

7050 CHANCELLOR BLVD  
 PO BOX 7132  
 NORTH PORT FL 34287-0132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6179969**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	DEBONO, ALFRED	
STREET ADDRESS	2328 YUMA	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	VC	<input type="checkbox"/> Delete
NAME	DONOFRIO, LEONARD	
STREET ADDRESS	5931 HOB HILL AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	RC	<input checked="" type="checkbox"/> Delete
NAME	POGAMY, ANDREW	
STREET ADDRESS	4287 NETTLE RD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	I	<input type="checkbox"/> Delete
NAME	COOLIDGE, HARRY	
STREET ADDRESS	4012 ABBOTSFORD ST	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURPHY, DIANE	
STREET ADDRESS	208 MCDILL DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIVITERA, SALVATORE	
STREET ADDRESS	5013 KINGSLEY RD	
CITY-ST-ZIP	NORTH PORT FL 34287	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18650 Lake Worth Blvd.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	RC, D	<input checked="" 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		
TITLE	T, D	<input checked="" 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		
TITLE	VC, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Harry H. Coolidge* HARRY H. COOLIDGE, TREAS. 3/27/02 (941) 426-1495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)