

2001 UNIFORM BUSINESS REPORT (UBR)

0001237 AF

DOCUMENT # **A93000001357**

1. Entity Name

NEWPORT PARTNERS IV, LTD.

FILED

01 APR -2 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746**

Mailing Address

**300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746**

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

59-3230189

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

CAHALL, PETER S

300 INTERNATIONAL PARKWAY, SUITE 270

HEATHROW FL 32746

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. Capital Contributions
as Shown on record.

\$336,996.00

10. Amount of Capital Contributions
in FLORIDA to date.

336,996.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V35049**
NAME **NEWPORT PARTNERS, INC.**
STREET ADDRESS **300 INTERNATIONAL PARKWAY, SUITE 270**
CITY-ST-ZIP **HEATHROW FL 32746**

STREET ADDRESS

CITY-ST-ZIP

200003994192--5

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGN HERE

3/28/01 (407)333-2905

Date

Daytime Phone #

CR2E003 (11/00)