


2000 UNIFORM BUSINESS REPORT (UBR)

00112X1
IN

DOCUMENT # A95000000253			
1. Entity Name NEWPORT WESTBAY, LTD.			
Principal Place of Business 6620 CORTEZ RD. W. BRADENTON FL 34210		Mailing Address 6620 CORTEZ RD. W. BRADENTON FL 34210-2600	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
00 MAY -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0564000		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWPORT MARKETING, INC. 6620 CORTEZ RD. W. BRADENTON FL 34210		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 _____

9. Capital Contributions as Shown on record. **\$9,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P94000039708	STREET ADDRESS	
NAME	NEWPORT MARKETING, INC.	CITY - ST - ZIP	700003288687-4
STREET ADDRESS	501 B MANATEE AVENUE		-06/14/00--01051--023
CITY - ST - ZIP	HOLMES BEACH FL 34217		****155.25 ****155.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Newport Marketing, Inc. Gen. Pte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **4/14/00** **Date**

SIGNATURE REQUIRED **Pres.** **4/14/00** **Date**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**

CR2E003 (9/99)