

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000863**

1. Entity Name

NEWPORT LAND PARTNERS, LTD.

FILED

01 JUN 13 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
17757 U.S. HIGHWAY 19 NORTH, SUITE 300
CLEARWATER FL 33764

Mailing Address
17757 U.S. HIGHWAY 19 NORTH, SUITE 300
CLEARWATER FL 33764

2. Principal Place of Business
4755 EAST Bay Dr.
Suite, Apt. #, etc.

3. Mailing Address
4755 EAST Bay Dr.
Suite, Apt. #, etc.

City & State
CLEARWATER, FL
Zip
33764

City & State
CLEARWATER, FL
Zip
33764

4. FEI Number **59-3578659**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CSENGE, JOHN L
17757 U.S. HIGHWAY 19 NORTH, SUITE 300
CLEARWATER FL 33764

4755 EAST Bay Dr.
CLEARWATER, FL
33764

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

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. **\$197,900.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$198,107.00**

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

DOCUMENT #	P96000050653
NAME	DEFOREST & LITCHFIELD, INC.
STREET ADDRESS	17757 U.S. HIGHWAY 19 NORTH, SUITE 300
CITY-ST-ZIP	CLEARWATER FL 33764
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	4755 EAST Bay Dr.
CITY-ST-ZIP	CLEARWATER, FL 33764
STREET ADDRESS	
CITY-ST-ZIP	200004423632-3
STREET ADDRESS	-06/18/01--01017--018
CITY-ST-ZIP	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

\$526.25

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:

SIGNATURE REQUIRED

4-30-01 727-437-6000

Date Daytime Phone #

0013998 AF

CRZE003 (11/00)