

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02366

1. Entity Name

NEWPORT EQUITY, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90006 047 \*\*\*550.00

Principal Place of Business

% DONALD D. STEARN  
2767 MARSH WREN CIRCLE  
LONGWOOD FL 32779-3004  
US

Mailing Address

% DONALD D. STEARN  
2767 MARSH WREN CIRCLE  
LONGWOOD FL 32779-3004  
US

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 **59-2419847**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

STEARNS, DONALD D.  
2767 MARSH WREN CIRCLE  
LONGWOOD FL 32779

## 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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHOLEM, DAVID B. 1102 WEST ARMORY AVENUE CHAMPAIGN IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, DONALD D 2767 MARSH WREN CIRCLE LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOLEM, MYRON J. 32 GREENCROFT CHAMPAIGN IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOLEM, STANFORD H. 802 FAIRWAY CHAMPAIGN IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOLEM, BARRY A. 718 ADELAIDE SANTA MONICA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/2000 (217)  
352-1800



(attachment)  
Doc# H02366  
D0016054

Telephone: 217/352-1800  
Facsimile: 217/352-1083  
<http://www.meyercapel.com>

306 West Church Street  
P.O. Box 6750  
Champaign, Illinois 61826-6750

Of Counsel  
August C. Meyer, Jr.  
Richard J. Winkel, Jr.  
John H. McCord

DAVID B. SHOLEM  
[dsholem@meyercapel.com](mailto:dsholem@meyercapel.com)

James L. Capel, Jr (1933-1991).

July 27, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Newport Equity, Inc.

Dear Sir or Madam:

Enclosed please find a check in the amount of \$550.00 made payable to the Florida Department of State and the 2000 Uniform Business Report for Newport Equity, Inc. Thank you for filing these documents at your earliest convenience.

Very truly yours,

David B. Sholem

DBS:ars

Enclosures

cc: Myron J. Sholem (w/enclosure)  
Donald D. Stearn (w/enclosure)