

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02366

1. Entity Name

NEWPORT EQUITY, INC.

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

7. Name and Address of New Registered Agent

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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Sholem, Myron J.<br>909-C Cheshire Drive<br>Champaign, IL 61821 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90174 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

1-15-01

217-352-1800



805280  
DOC# H02366

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. SOLEM  
[dsholem@meyercapel.com](mailto:dsholem@meyercapel.com)

James L. Capel, Jr (1933-1991)

January 15, 2001

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 \$150.00 made payable to the Florida Department of State and the 2001 Uniform Business Report for Newport Equity, Inc. Thank you for filing these documents at your convenience.

Very truly yours,

David B. Sholem

DBS:asp  
Enclosures