

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90013 041 \*\*\*150.00

0086034 AV

**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

**STEARNS, 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, 2002 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 ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **SHOLEM, DAVID B.**  
 CITY-ST-ZIP **1102 WEST ARMORY AVENUE**  
**CHAMPAIGN IL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STEARNS, DONALD D**  
 CITY-ST-ZIP **2767 MARSH WREN CIRCLE**  
**LONGWOOD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SHOLEM, MYRON J.**  
 CITY-ST-ZIP **909-C CHESHIRE DRIVE**  
**CHAMPAIGN IL 61821**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SHOLEM, STANFORD H.**  
 CITY-ST-ZIP **802 FAIRWAY**  
**CHAMPAIGN IL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SHOLEM, BARRY A.**  
 CITY-ST-ZIP **718 ADELAIDE**  
**SANTA MONICA CA**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **Sholem, Barry A.**  
 CITY-ST-ZIP **141 Georgina**  
**Santa Monica, CA 90402**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**

1/8/02

217-352-1800

Date

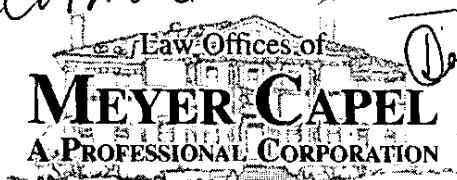
Daytime Phone #

CR2E034 (9/01)

Attachment

805360

① Date # 02366



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)

January 8, 2002

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 2002 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

cc: Mr. Donald D. Stearn (w/enc.)