

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90053 017 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J42745			
1. Entity Name NORTHPOINT, INC.			
Principal Place of Business 732 BLOUNTSTOWN HWY. TALLAHASSEE FL 32304		Mailing Address P.O. BOX 2442 TALLAHASSEE FL 32316	
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 59-2763190		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		7. Name and Address of New Registered Agent	
WILKINSON, BEN H. 215 S. MONROE ST. 2ND FLOOR TALLAHASSEE FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	CASHIN, MICHAEL		
STREET ADDRESS	1250 LIVE OAK PLANTATION		
CITY-ST-ZIP	TALLAHASSEE FL 32312		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	CASHIN, KEN		
STREET ADDRESS	3771 BOBBIN MILL RD.		
CITY-ST-ZIP	TALLAHASSEE FL 32312		
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	ARNOLD, GENE		
STREET ADDRESS	4431 NW 13TH STREET		
CITY-ST-ZIP	GAINESVILLE FL 32609		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	ARNOLD, JAMES III		
STREET ADDRESS	4431 NW 13TH STREET		
CITY-ST-ZIP	GAINESVILLE FL 32609		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ken Cashin</i>		1-5-01 850-576-5113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)