

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009220

1. Entity Name
NEWPORT CAPITAL, L.L.C.

Principal Place of Business
405 N. REO STREET, SUITE 160
TAMPA FL 33609

Mailing Address
405 N. REO STREET, SUITE 160
TAMPA FL 33609

FILED

2001 JUN -7 PM 5:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4905 West Laurel St.

3. Mailing Address
4905 West Laurel St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33607

Hillsborough

33607

Hillsborough

4. FEI Number 59-3625971

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, JOHN E
405 N. REO STREET, SUITE 160
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

4905 West Laurel St.

Suite 200

City

Tampa

FL

Zip Code

33607

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
CARTER, JOHN E
405 N. REO STREET, SUITE 160
TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
Carter, John E.
4905 West Laurel St, Suite 200
Tampa, FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #