

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90004 039 \*\*\*\*61.25

**DOCUMENT # N31719**

1. Entity Name

**NORTH POINTE ORGANIZATION, INC.**

Principal Place of Business

**2982 ONTARIO CIRCLE  
 MELBOURNE FL 32935  
 US**

Mailing Address

**1878 ONTARIO CIRCLE  
 MELBOURNE FL 32935  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WARNER, ALBERT  
 3044 W ONTARIO CIRCLE  
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **Gibson, Krista**

Street Address (P.O. Box Number is Not Acceptable)  
**1878 Ontario Circle**

**Melbourne FL**

City

**FL**

Zip Code

**32935**

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

*Krista Gibson*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-20-01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
 NAME **KINGSBURY, BETH**  
 STREET ADDRESS **3010 NOCA SCOTIA**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD** ☒ Delete  
 NAME **WARNER, ALBERT**  
 STREET ADDRESS **3044 ONTARIO CIR.**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **TD** ☐ Delete  
 NAME **GIBSON, KRISTA**  
 STREET ADDRESS **1878 ONTARIO CIRCLE N**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **PD** ☐ Delete  
 NAME **MURPHY, MICHAEL**  
 STREET ADDRESS **2982 ONTARIO CIR**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
 NAME **VD Terri Sellon**  
 STREET ADDRESS **2022 Ontario Circle**  
 CITY-ST-ZIP **Melbourne, FL**

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

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

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

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

12. 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 is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

*Krista Gibson* **Krista Gibson**

**3-20-01 321-2598769**

CR2E037 (10/00)