

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90058 043 ****61.25

DOCUMENT # N37868

1. Entity Name
NORTH PORT CONTRACTORS ASSOCIATION, INC.

Principal Place of Business Mailing Address
%CORD C MELLOR
13801 S TAMiami TRAIL
NORTH PORT FL 34287
P.O. BOX 7041
NORTH PORT FL 34287-0041

COO



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0211357		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MELLOR, CORD C 13801 S TAMiami TRAIL NORTH PORT FL 34287				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 _____ DATE 3/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEF IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPT	<input checked="" type="checkbox"/> Delete		TITLE	1st VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TEMPLE, DAVID			NAME	Wheat, H. Anthony		
STREET ADDRESS	6564 BEEDLA ST			STREET ADDRESS	4479 Boeing Lane		
CITY-ST-ZIP	NORTH PORT FL 34287			CITY-ST-ZIP	North Port, FL 34287		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REX, ROSE			NAME	Rex, Rose M.		
STREET ADDRESS	6099 ESTATES DR			STREET ADDRESS	5501 Brassy Circle		
CITY-ST-ZIP	NORTH PORT FL 34286			CITY-ST-ZIP	North Port, FL 34287		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRESLEY, RUSS			NAME	Grahamm Suzanng		
STREET ADDRESS	155 S. S. MCCALL ROAD			STREET ADDRESS	1057 B. Collingswood Blvd.		
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-ZIP	Pprrt Charlotte, FL 33953		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, CHRIS			NAME	White, Crisitne A.		
STREET ADDRESS	1040 BAYSHORE DR			STREET ADDRESS	880 S. Mc Call Rd		
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-ZIP	Englewood, FL 34223		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 as 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 empowered.

SIGNATURE: Cristine A. White Date: 2/12/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)