

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

0014620

**DOCUMENT # N37868**

1. Entity Name

**NORTH PORT CONTRACTORS ASSOCIATION, INC.**

Principal Place of Business

**%CORD C MELLOR  
 13801 S TAMiami TRAIL  
 NORTH PORT FL 34287**

Mailing Address

**P.O. BOX 7041  
 NORTH PORT FL 34287**

**00060130**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0211357**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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.

**MELLOR, CORD C.**

**7/26/01**

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 \$61.25**

**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete  
 NAME **REX, ROSE**  
 STREET ADDRESS **5501 BRASSY CIRCLE**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **REX, ROSE**  
 STREET ADDRESS **3337 PINE SHADOW CIRCLE**  
 CITY-ST-ZIP **NORTH PORT, FL. 34287**

TITLE **SD** ☐ Delete  
 NAME **WHITE, CHRIS**  
 STREET ADDRESS **880 S MC CALL RD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **WHITE, CRIS**  
 STREET ADDRESS **720 NORTH INDIANA AVENUE**  
 CITY-ST-ZIP **ENGLEWOOD, FL. 34223**

TITLE **1VP** ☐ Delete  
 NAME **WHEAT, H. ANTHONY**  
 STREET ADDRESS **4479 BOEING LANE**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **1VP** ☒ Change ☐ Addition  
 NAME **WHEAT, H. ANTHONY**  
 STREET ADDRESS **5036 GREENWAY COURT**  
 CITY-ST-ZIP **NORTH PORT, FL. 34287**

TITLE **SD** ☐ Delete  
 NAME **GRAHAM, SUZANN**  
 STREET ADDRESS **1057 B COLLINGSWOOD BLVD**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **GRAHAM, SUZANNE**  
 STREET ADDRESS **17506 BRIGHTON AVENUE**  
 CITY-ST-ZIP **PORT CHARLOTTE, FL. 33953**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 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:

*[Signature]*

7/26/01

(941) 429-1871

CR2E037 (5/01)