

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/5

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90077 031 \*\*\*\*61.25

**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**

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 **65-0211357**

Applied For

Not Applicable

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.

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**

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 **3337 PINE SHADOW CIRCLE**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

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

TITLE **SD** ☒ Delete  
 NAME **WHITE, CHRIS**  
 STREET ADDRESS **720 NORTH INDIANA AVENUE**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **IVP SD** ☐ Change ☒ Addition  
 NAME **Shute, Fred**  
 STREET ADDRESS **13355 C Tamiami Trail**  
 CITY-ST-ZIP **North Port, FL 34287**

TITLE **IVP** ☐ Delete  
 NAME **WHEAT, H. ANTHONY**  
 STREET ADDRESS **5036 GREENWAY COURT**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Wheat, H. Anthony**  
 STREET ADDRESS **4154 Ozark Avenue**  
 CITY-ST-ZIP **North Port, FL 34287**

TITLE **SD** ☐ Delete  
 NAME **GRAHAM, SUZANN**  
 STREET ADDRESS **17506 BRIGHTON AVENUE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

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

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/17/02 941-624-7828**

CR2E037 (9/01)