

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001387

1. Entity Name

NORTHWEST PORT CHARLOTTE HOMEOWNERS ASSOCIATION,

Principal Place of Business

722 N.W. MIRADO LANE  
PORT CHARLOTTE FL 33948

Mailing Address

POST OFFICE BOX 2206  
PORT CHARLOTTE FL 33949-2206

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

59-2170539

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

BISCUP, GERALD  
722 N.W. MIRADO LANE  
PORT CHARLOTTE FL 33948

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 D ☐ Delete  
NAME BISCUP, GERALD  
STREET ADDRESS 722 N.W. MIRADO LANE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE D ☒ Delete  
NAME POTTS, PEG  
STREET ADDRESS 23048 JUMPER AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

Director - Secretary ☒ Change ☐ Addition  
NAME Kay, Darlene  
STREET ADDRESS 1157 Lyle St.  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE PD ☐ Delete  
NAME OSSE, MAX  
STREET ADDRESS 18358 LAMONT AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

Director ☐ Change ☒ Addition  
NAME Novak, Eugene  
STREET ADDRESS 1585 Viscaya Dr.  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE D ☐ Delete  
NAME HARE, WILLIAM DR.  
STREET ADDRESS 1084 WATERSIDE STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

Director ☐ Change ☒ Addition  
NAME Barhite, Jesse  
STREET ADDRESS 1214 Waterside St.  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE VD ☐ Delete  
NAME HARTER, CARL  
STREET ADDRESS 21450 BEAVERTON AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

Director ☐ Change ☒ Addition  
NAME Boyd, Marion  
STREET ADDRESS 20225 Mt. Prospect Ave.  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE D ☐ Delete  
NAME DEUBEL, KEN  
STREET ADDRESS 442 KOSTNER STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33954

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:

*Gerald Biscup*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Biscup - Director

Date

Daytime Phone #

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90022 045 \*\*\*\*61.25

AU037100



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)