

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90022 046 ****70.00

DOCUMENT # N99000004623

1. Entity Name

NORTH PORT TRAVEL CLUB, INC.

Principal Place of Business

Mailing Address

**3474 17TH ST.
SARASOTA FL 34235****3474 17TH ST.
SARASOTA FL 34235**

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

65-0939808

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FERGUSON, ADRIAN L
3474 17TH ST.
SARASOTA FL 34235**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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	D	<input type="checkbox"/> Delete
NAME	FERGUSON, ADRIAN L SR.	
STREET ADDRESS	3474 17TH ST.	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, ADRIAN L JR.	
STREET ADDRESS	3474 17TH ST.	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	EGEBERG, IRENE	
STREET ADDRESS	409 CYPRESS FOREST DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 *Adrian L. Ferguson Sr.* **7/5/2002 941-953-7988**

CR2E037 (4/02)