

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90004 019 \*\*\*150.00

00035319

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000085401

1. Entity Name  
N. P. HOTEL GROUP, INC.

Principal Place of Business      Mailing Address  
1120 SANTA ROSA BLVD      1120 SANTA ROSA BLVD  
FT WALTON BEACH, FL      FT WALTON BEACH, FL  
32548      32548

2. Principal Place of Business      3. Mailing Address  
1120 SANTA ROSA BLVD      1120 SANTA ROSA BLVD  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
FT WALTON BEACH, FL      FT WALTON BEACH FL

Zip      Country      Zip      Country  
32548      US      32548      US

4. FEI Number      Applied For  
59-3282098       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
RAWLINS, PETE  
5711 E. HWY 98  
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent  
 Name JAMES A BERRY  
 Street Address (P.O. Box Number is Not Acceptable)  
1120 SANTA ROSA BLVD  
 City FT WALTON BEACH FL      Zip Code 32548

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 James A. Berry      JAMES A BERRY      3/15/00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT OP</u>	<input type="checkbox"/> Delete
NAME <u>PEDRO MANDOKI</u>	
STREET ADDRESS <u>HWY 180 WEST PLANTATION RESORT</u>	
CITY-ST-ZIP <u>GULF SHORES, AL 36547</u>	
TITLE <u>VICE PRES. DV</u>	<input type="checkbox"/> Delete
NAME <u>NORA MANDOKI</u>	
STREET ADDRESS <u>HWY 180 WEST PLANTATION RESORT</u>	
CITY-ST-ZIP <u>GULF SHORES, AL 36547</u>	
TITLE <u>SECTY/TRSR ST</u>	<input type="checkbox"/> Delete
NAME <u>JOHN BOLLER</u>	
STREET ADDRESS <u>HWY 180 WEST PLANTATION RESORT</u>	
CITY-ST-ZIP <u>GULF SHORES, AL 36547</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Pedro Mandoki      PEDRO MANDOKI      3/15/00      850-244-5186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #

CR2E034 (9/99)