

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90004 019 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000085401

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

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

Mailing Address 1120 SANTA ROSA BLVD
FT WALTON BEACH, FL 32548

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

3. Mailing Address 1120 SANTA ROSA BLVD
Suite, Apt. #, etc.

City & State FT WALTON BEACH, FL

City & State FT WALTON BEACH FL

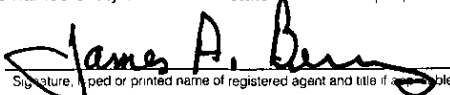
4. FEI Number 59-3282098

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

6. Name and Address of Current Registered Agent
RAULINS, 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 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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.


11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 3/15/00 850-244-5186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)