

2000 UNIFORM BUSINESS REPORT (UBR)

0091-84

1012

DOCUMENT # P96000061315

1. Entity Name

NEWPORT HOLDINGS CORPORATION

FILED

00 JUN 16 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

37 N. ORANGE AVE.
STE 800
ORLANDO FL 32801

Mailing Address

37 N. ORANGE AVE.
STE 800
ORLANDO FL 32801-2450

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 59-3393329

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

Name

Ramsey W. Dulin

Street Address (P.O. Box Number is Not Acceptable)

201 E. Pine Street, Suite 425

City

Orlando

FL

Zip Code 32801

~~KLEIN, JEFFREY L~~
~~37 N. ORANGE AVE.~~
~~STE 800~~
~~ORLANDO FL 32801~~

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

6/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P, S, T. D
STREET ADDRESS KLEIN, JEFFREY L
CITY-ST-ZIP 37 N. ORANGE AVE. STE 800
ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME AS INDICATED
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700003293877-4
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

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:

SIGNATURE REQUIRE JEFFREY L. KLEIN

4-26-00

407-872-1197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 0014 (1/99)

KE

2062



ACCOUNT NO. : 072100000032

REFERENCE : 733952 8657A

AUTHORIZATION :

Patricia Pizju

COST LIMIT : \$ 558.75

ORDER DATE : June 16, 2000

ORDER TIME : 10:27 AM

ORDER NO. : 733952-005

CUSTOMER NO: 8657A

CUSTOMER: Ms. Stephanie O'dell
Ramsey W. Dulin, Esq
201 East Pine Street
Suite 425
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: NEWPORT HOLDINGS CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS:

KE

RECEIVED
00 JUN 16 AM 11:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA