## 2000 UNIFORM BUSINESS REPORT (UBR)

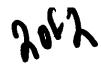
SIGNATURE:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # <b>P96000061315</b> 1. Entity Name								,	In.	• •	
NEWPORT HOLDINGS CORPORATION						FILED					
						00 JUN 16 PM 12: 13					
Principal Place		Mailing Address  37 N. ORANGE AVE.									
37 N. ORANGE STE 800		STE 800				SECRETARY OF STATE TALLAHASSEE FLORIDA					
ORLANDO FL 32801 ORLANDO FL 32801-2450							1 (ARISARI SYN SIISA DISYI AINS ANSA AN	iri dalia bilai jidba i	1181 11 <b>8</b> 6	FI <b>B</b> III ( <b>BB</b> i	
2. Principal Pl	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SPACE			
City & State		City & State				4. FEI Number 59-3393329 Applied For Not Applicable					
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current Re	gistered Agent			l	7. Na	me and Address of New Reg	istered Agent	<u> </u>		
Name						Ramsey W. Dulin					
KLEIN, "JEFFREY-L -37-N: Orange ave:				Street Address (P.O. Box Number is Not Acceptable)							
SFE-800'- OREANDO-FL-32801				201 E. Pine Street, Suite 425							
<del>ON</del> D		City O			lan	do	FL Zig	280	1		
8. The above	named entity submits this statement for the	pe pursose of changing its re	eristered	d office or	registered	d agen	t, or both, in the State of Florid	Ja.			
SIGNATURE _	Signature, typed or printed name of registered agent and	utle if applicable. (NOTE: F	Registered .	Agent signatur	re required w	hen reins		5/00 DATE			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Finar Trust Fund Contribution.	· _ •		May Be to Fees	
11.	OFFICERS AND DI		12.			ADDI	TIONS/CHANGES TO OFFIC				
TITLE NAME	P, S, T, D KLEIN, JEFFREY L	☐ Delete	TITLE NAME		<b>A</b> 5	in	ICATED	<b>t</b> Cha	nge	☐ Addition	
STREET ADDRESS	37 N. ORANGE AVE. STE 800			ADDRESS	<b>—</b>	-					
CITY-ST-ZIP TITLE	ORLANDO FL 32801	□ Delete	CITY-S	ST-ZIP					inge	Addition	
NAME		Delete	NAME								
STREET ADORESS CITY-ST-ZIP			STREET	FADDRESS ST-ZIP				•			
TITLE		☐ Delete	TITLE				<del>1 m/⊆ s</del>	☐ Cha	ınge	Addition	
NAME STREET ADDRESS			NAME	r address							
CITY-ST-ZIP			CITY-S								
TITLE		☐ Delete	TITLE				7000032	29384	nge	☐ Addition	
NAME STREET ADDRESS			NAME STREET	r address					-		
CITY-ST-ZIP			CITY-S	ST-ZIP							
TITLE .		☐ Delete	TITLÉ NAME					☐ Cha	inge	☐ Addition	
STREET ADDRESS				r address							
CITY-ST-ZIP		□ 6.3-t.	CITY-S	ST-ZIP				☐ Cha	nge	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME						gv		
STREET ADDRESS			STREET CITY-S	TADDRESS						KE	
13. I hereby o	pertify that the information supplied with the	is filing does not qualify for t	he exem	notion state	ed in Sec	tion 11	9.07(3)(i), Florida Statutes. I fu	urther certify that	the in	formation	
indicated	on this report or supplemental report is tri poration or the receiver or trustee empower or on an attachment with an addless, with	ue and accurate and that my	/ signatu	ire shall ha	ave the se	ame lec	ral effect as if made under oat	th: that I am an oi	fficer c	or director 1	

4-26-00 #07-872-1197

Date Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE

733952

8657A

AUTHORIZATION

. \_\_\_ \_\_

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