

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079924

1. Entity Name

PORT BOUGAIN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 6 PM 4:06

Principal Place of Business

5121 CASTELLO DRIVE STE 2
NAPLES FL 34103

Mailing Address

5121 CASTELLO DRIVE STE 2
NAPLES FL 34103-1902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5150 Tamiami Tr N

3. Mailing Address

5150 Tamiami Tr. N.

Suite, Apt. #, etc.

Ste 501

Suite, Apt. #, etc.

501

City & State

Naples FL

City & State

Naples Florida

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

59-3400725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE JOHN P
5121 CASTELLO DRIVE STE 2
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
David E. Leigh

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

5150 Tamiami Tr. N.

Suite 501

City
Naples

FL

Zip Code
34103

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

David E Leigh

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, JOHN P
5121 CASTELLO DRIVE STE 2
NAPLES FL 34103 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
David E Leigh
5150 Tamiami Tr N, Ste 501
Naples FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003263323-9
-05/23/00--01054--001
*****509.50 *****68.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
AD

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:

David E Leigh VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-00

Daytime Phone #