

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90099 003 ***158.75

DOCUMENT # P97000020380

1. Entity Name
 NORTHPORT DEVELOPMENT, INC.

Principal Place of Business Mailing Address
 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE
 SUITE 300 SUITE 300
 NAPLES FL 34119 NAPLES FL 34119
 US US

2. Principal Place of Business 3. Mailing Address
 5672 STRAND CT. 5672 STRAND CT.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE #1 SUITE #1

City & State City & State
 NAPLES, FL NAPLES, FL

Zip Country Zip Country
 34110 USA 34110 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3439310 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SALVATORI, LEO J
 4501 TAMiami TRAIL, NORTH
 SUITE 300
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City Zip Code

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

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, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNARD, TOM	
STREET ADDRESS	269-2 SUNRISE CAY	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5672 STRAND CT. #3	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM BARNARD	
STREET ADDRESS	211 PINE VALLEY CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND CT. #1	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND CT. #1	
CITY-ST-ZIP	NAPLES, FL 34110	
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		

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: J Kelly JANET KELLY TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 (44) 547-9888
 Date Daytime Phone #

CR2E034 (10/00)