

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90010 022 ***150.00

DOCUMENT # P99000044745

1. Entity Name
NORTHERN NIGHTS, INC.

Principal Place of Business
**36426 US HWY. 19 NORTH
 PALM HARBOR FL 34684**

Mailing Address
**36426 US HWY. 19 NORTH
 PALM HARBOR FL 34684**

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 **59-3594693**

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

**REESE, MICHAEL K
 36426 US HWY. 19 NORTH
 PALM HARBOR FL 34684**

Name

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

City

FL

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BORK, JOHN	
STREET ADDRESS	2712 POWELL LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Bork* **JOHN BORK**

Date: **4/11/01** (127) 787-1355
 Daytime Phone #

CR2E034 (10/00)

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741729

KEANE, REESE & VESELY, P.A.

Attorneys At Law

Michael J. Keane*†
Michael K. Reese*
Brandon S. Vesely
Shirin M. Vesely

■ SEIN PROFESSIONAL CENTER
36426 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FLORIDA 34684
TELEPHONE (727) 787-1355
TELESCOPIER (727) 789-0821

Of Counsel:

Anthony P. Valente, Jr.

Kenneth P. Malcolm, C.L.A.

† Florida Bar Board Certified Trial Lawyer
Florida Bar Board Certified Business Litigation Lawyer
National Board of Trial Advocacy

* Florida Supreme Court Certified Mediator

□ NORTHERN TRUST BANK BLDG.
100 SECOND AVENUE SOUTH
SUITE 1201
ST. PETERSBURG, FLORIDA 33701
TELEPHONE (727) 823-5000
TELESCOPIER (727) 894-1023

April 11, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box # 1500
Tallahassee, FL 32302-1500

RE: Northern Nights, Inc.

Dear Sir or Madam,

Enclosed please find the 2001 Uniform Business Report for the above referenced Corporation along with a check in the amount of \$ 150.00 for the filing fee. Thank you.

Sincerely,



Rebecca LePage
Legal Assistant

MKR/tn
Enclosures