

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90032 010 \*\*\*150.00

**DOCUMENT # F41319**

1. Entity Name

**NORTH AMERICAN GULF CORPORATION**

Principal Place of Business

Mailing Address

P O BOX 20657  
 BRADENTON FL 34202  
 US

P O BOX 20657  
 BRADENTON FL 34204-0657  
 US

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 1025**

**P.O. BOX 1025**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALMETTO, FL.**

**PALMETTO, FL.**

Zip

Country

Zip

Country

**34220**

**USA**

**34220**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2116200**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONE, DAVID D.**  
**766-B HUDSON AVE.**  
**SARASOTA FL 34236**

Name

**ROGER C. MORRIS**

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

**1001 RIVERSIDE DR.**

City

**PALMETTO**

FL

Zip Code

**34220**

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

**ROGER C. MORRIS**

*R.C. Morris*

**4/14/00**

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.

**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	DP	<input type="checkbox"/> Delete
NAME	<b>MORRIS, ROGER C.</b>	
STREET ADDRESS	<b>8717 53RD PLACE EAST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MORRIS, ROGER C.</b>		
STREET ADDRESS	<b>1001 RIVERSIDE DR.</b>		
CITY-ST-ZIP	<b>PALMETTO, FL 34220</b>		
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			
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:

*R.C. Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/00 (941) 721-8135**

Date

Daytime Phone #

CR2E034 (9/99)