

2000 UNIFORM BUSINESS REPORT (UBR)

5/36

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-30-2000 90084 013 ****61.25

DOCUMENT # 702236

1. Entity Name

NATIONAL ASSOCIATION OF LETTER CARRIERS, RETIREM

Principal Place of Business

Mailing Address

1 NALCREST ROAD
NALCREST COMMUNITY APARTMENTS
NALCREST FL 33856

1 NALCREST ROAD
NALCREST COMMUNITY APARTMENTS
NALCREST FL 33856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1004167

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KANE, GERARD
P.O. BOX 6359 3428 Nalcrest Rd.
NALCREST FL 33856 #1 Town Center

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DAVIS, GEORGE N
STREET ADDRESS 5597 SEMINARY ROAD APT 1814
CITY-ST-ZIP FALLS CHURCH VA 22041

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

TITLE V ☐ Delete
NAME YOUNG, WILLIAM H
STREET ADDRESS 100 INDIANA AVE NW
CITY-ST-ZIP WASHINGTON DC 20001

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

TITLE P ☐ Delete
NAME SOMBROTTO, VINCENT R
STREET ADDRESS 100 INDIANA AVE NW
CITY-ST-ZIP WASHINGTON DC 20001

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

TITLE ST ☐ Delete
NAME YATES, WILLIAM R
STREET ADDRESS 100 INDIANA AVE NW
CITY-ST-ZIP WASHINGTON DC 20001

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

TITLE D ☐ Delete
NAME PETROCELLI, PETE
STREET ADDRESS 569 59TH STREET
CITY-ST-ZIP BROOKLYN, NY 11210

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

TITLE D ☐ Delete
NAME GALLO, CARL
STREET ADDRESS 26356 NEW ORLEANS DR
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT R SOMBROTTO

Vincent R Sombrotto 5/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)