

# 2001 UNIFORM BUSINESS REPORT (UBR)

0389051

DOCUMENT # **K87861**

FILED

01 JAN 16 AM 9:40

1. Entity Name  
**NATIONAL DEVELOPMENT OF AMERICA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1520 ROYAL PALM SQ BLVD.  
360  
FT MYERS FL 33919  
US**

Mailing Address  
**1520 ROYAL PALM SQ BLVD.  
360  
FT MYERS FL 33919  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2947295**

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

**MILLER, ERIC C.  
1520-360 ROYAL PALM SQ BLVD.  
FT MYERS FL 33919**

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 \_\_\_\_\_ (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  Delete  
NAME **PD MILLER, ERIC C.**  
STREET ADDRESS **1520-360 ROYAL PLM SQ BL**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **300003581469--9**  
CITY-ST-ZIP **-01/26/01--01075--013**  
**\*\*\*150.00 \*\*\*150.00**

TITLE  Delete  
NAME **DT MILLER, TINA L.**  
STREET ADDRESS **1520-360 ROYAL PLM SQ BL**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S- HENDERSON, DEBRA**  
STREET ADDRESS **1520 360 ROYAL PLM SQ BL**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: Date: **1/10/01** Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)