

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90074 032 ****61.25

DOCUMENT # N38262

1. Entity Name

N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOC

Principal Place of Business

Mailing Address

PO BOX 5054
 HOLIDAY FL 34690
 US

P.O. BOX 5054
 HUDSON FL 34674-5054
 US

00005569



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

58-1900885

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

CONNOLLY, ROBERT
8228 RHANBUOY RD.
SPRING HILL FL 34606

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 <input type="checkbox"/> Delete
NAME	SIMON, DONALD
STREET ADDRESS	12911 BOX DRIVE
CITY-ST-ZIP	HUDSON FL
TITLE	D <input type="checkbox"/> Delete
NAME	DESENA, FRANK
STREET ADDRESS	5131 PLUMOSA COURT
CITY-ST-ZIP	SPRING HILL FL
TITLE	D <input type="checkbox"/> Delete
NAME	CONNOLLY, ROBERT
STREET ADDRESS	8228 RHANBUOY ROAD
CITY-ST-ZIP	SPRING HILL FL
TITLE	T <input type="checkbox"/> Delete
NAME	LAMIA, JOSEPH
STREET ADDRESS	7739 HECTOR STREET
CITY-ST-ZIP	HUDSON FL
TITLE	T <input type="checkbox"/> Delete
NAME	MENNA, ANTHONY
STREET ADDRESS	8104 ROSE PETAL COURT
CITY-ST-ZIP	PORT RICHEY FL
TITLE	T <input type="checkbox"/> Delete
NAME	STRAMIELLO, ANTHONY
STREET ADDRESS	2515 MEADOWOOD DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL

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	
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	

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:

Robert Connolly Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000
 Date

352-597-3451
 Daytime Phone #

CR2E037 (9/99)