

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832075

1. Entity Name

NATIONAL DEVELOPMENT CORPORATION OF FLORIDA

Principal Place of Business

Mailing Address

4415 5TH AVE.  
PITTSBURGH PA 15213

4415 5TH AVE.  
PITTSBURGH PA 15213-2654

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

25-1203385

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

ANSBACHER, LEWIS  
4215 SOUTHPOINT BLVD #100  
JACKSONVILLE FL 32216

Name Lewis Ansbacher

Street Address (P.O. Box Number is Not Acceptable)  
5150 Belfort Road

Building 100

City Jacksonville

FL

Zip Code 32256

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, 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	D	<input type="checkbox"/> Delete
NAME	BASKIN, SEYMOUR	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	MASON, MARTIN	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KREUTZER, KAREN	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSSI, JAN	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CONNOR, DIANE G.	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	ASV	<input type="checkbox"/> Delete
NAME	CONNOR, DIANE	
STREET ADDRESS	4415 5TH AVE	
CITY-ST-ZIP	PITTSBURGH PA	

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
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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:

Karen Kreutzer Vice-President

4-19-00

(412) 578-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE