

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90079 007 ***150.00

DOCUMENT # 832075

1. Entity Name
NATIONAL DEVELOPMENT CORPORATION OF FLORIDA

Principal Place of Business

4415 5TH AVE.
PITTSBURGH PA 15213

Mailing Address

4415 5TH AVE.
PITTSBURGH PA 15213

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

ANSBACHER, LEWIS
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BASKIN, SEYMOUR	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES	
STREET ADDRESS	1001 THIRD AVE. W. SUITE 410	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KREUTZER, KAREN	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BALSINGER, WILLIAM	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELLINO, KATHLEEN	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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:

Kathleen Bellino **Kathleen Bellino**

1/31/02 **1/31/02**

412-578-7800 **412-578-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)