

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90302 037 ***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

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANSBACHER, LEWIS
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE FL 32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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	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	

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		
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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 607, 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: Kathleen Bellino Kathleen Bellino 1/16/03 412-518-7828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)