

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F70052

1. Entity Name

NAI-BLOCK, INC.

FILED

00 FEB 23 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

600 CLEVELAND ST
STE 1000
CLEARWATER FL 33755
US

600 CLEVELAND ST
STE 1000
CLEARWATER FL 33755-4161
US

2. Principal Place of Business

3. Mailing Address

1000 Lancaster St.
Suite, Apt. #, etc.

1000 Lancaster St
Suite, Apt. #, etc.

City & State

Baltimore MD

City & State

Baltimore, MD

Zip

21202

Country

USA

Zip

21202

Country

USA

4. FEI Number

59-1925475

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

New RA as of 12-15-99 Filing
HAROLD W. MULLIS, JR. ESQUIRE
101 E. KENNEDY BLVD. NRAI Services, Inc.
STE 2780
TAMPA FL 33602
526 E. Park Ave, T
Tallahassee, FL 32301

Name

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

City

800003170FL48 Zip Code 3

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
****150.00 ****150.00

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 \$350.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	TASLITZ, STEVEN M	
STREET ADDRESS	650 DUNDEE RD, STE. 370	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELFMAN, MERRICK M	
STREET ADDRESS	650 DUNDEE RD, STE. 370	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, BRUCE	
STREET ADDRESS	650 DUNDEE RD, STE. 370	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOZZANO, DEAN	
STREET ADDRESS	650 DUNDEE RD, STE 370	
CITY-ST-ZIP	NORHTBROOK IL 60062	
TITLE	CO	<input checked="" type="checkbox"/> Delete
NAME	TAIT, ALLEN	
STREET ADDRESS	650 DUNDEE RD, STE. 370	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WIPPMAN, TOM D	
STREET ADDRESS	650 DUNDEE RD, STE. 370	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	Pres, Dir.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Christopher Hoehn-Saric	
STREET ADDRESS	1000 Lancaster St.	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	VP, Dir.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B. Lee McGee	
STREET ADDRESS	1000 Lancaster St.	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	Dir.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas L. Becker	
STREET ADDRESS	1000 Lancaster St.	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	VP/Sec - Treas	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert W. Zentz	
STREET ADDRESS	1000 Lancaster St.	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	VP/Asst Treas	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean R. Creamer	
STREET ADDRESS	1000 Lancaster St.	
CITY-ST-ZIP	Baltimore, MD 21202	
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:

Robert W. Zentz, VP/SecTreas 2-8-00 410-8438000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #