

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005582

1. Entity Name

ISDA FRATERNAL ASSOCIATION

Principal Place of Business

419 WOOD ST  
PITTSBURGH PA 15222

Mailing Address

419 WOOD ST  
PITTSBURGH PA 15222

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

25-1091698

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

FLORIDA INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32399-0300

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)

300003505873--1

12/19/00 DATE 01062 002

\*\*\*\*\*E1.25 \*\*\*\*\*E1.25

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 P ☒ Delete  
NAME TAMILIA, PATRICK R  
STREET ADDRESS 408 KINGS HWY  
CITY-ST-ZIP CARNEGIE PA 15106

TITLE P ☐ Change ☒ Addition  
NAME Ralph C. Hartford  
STREET ADDRESS 509 Corey Avenue  
CITY-ST-ZIP Braddock, PA 15104

TITLE V ☒ Delete  
NAME CASTELLI, THOMAS  
STREET ADDRESS 238 HEMLOCK ROAD  
CITY-ST-ZIP WYNNEWOOD PA 19096

TITLE V ☐ Change ☒ Addition  
NAME Anthony Traficante  
STREET ADDRESS 1635 Harvest Hill Drive  
CITY-ST-ZIP Pittsburgh, PA 15239

TITLE C ☒ Delete  
NAME MANZELLA, ANN  
STREET ADDRESS 1312 HAZLETT RD  
CITY-ST-ZIP PITTSBURGH PA 15237

TITLE D ☐ Change ☒ Addition  
NAME MARY COLONNA  
STREET ADDRESS 1516 HOLMDEN RD  
CITY-ST-ZIP S-EUCLID, OH 44121

TITLE S and C ☐ Delete  
NAME DONAHUE, JOSEPHINE  
STREET ADDRESS 1942 DUBONNET COURT  
CITY-ST-ZIP ALLISON PARK PA 15101

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BASSO, ANTHONY  
STREET ADDRESS 6110 KENNEDY AVE  
CITY-ST-ZIP HAMMOND IN 46323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NAPLES, PASCAL  
STREET ADDRESS 1600 N. 20TH AVE  
CITY-ST-ZIP MELROSE PARK IL 60160

TITLE ☐ Change ☐ 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 *Josephine Donahue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 24, 2000 412-261-3550  
Date Daytime Phone #

0016214

CR2E037 (5/00)