

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005577

1. Entity Name

NATIONAL SASH & DOOR JOBBERS ASSOCIATION, INCORP

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90040 034 ****61.25

Principal Place of Business

Mailing Address

10225 ROBERT TRENT JONES PKWY.
NEW PORT RICHEY FL 34655

10225 ROBERT TRENT JONES PKWY.
NEW PORT RICHEY FL 34655-4649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10047 Robert Trent Jones Pkwy.

3. Mailing Address

10047 Robert Trent Jones Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

62-0366120

Applied For

Not Applicable

Zip

Country

34655

Zip

Country

34655

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW:
FEE IS \$61.25

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 ☐ Delete
NAME D
STREET ADDRESS LAVITT, SANFORD
CITY-ST-ZIP 330 SO. SERVICE RD
MELVILLE NY

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

TITLE ☐ Delete
NAME DC
STREET ADDRESS RADFORD, PETER
CITY-ST-ZIP 1871 STILLMAN DR.
OSHKOSH WI

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS O'KEEFE, ROBERT T
CITY-ST-ZIP 10225 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY FL 34655

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10047 Robert Trent Jones Parkway
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BROMBERG, WALLY
CITY-ST-ZIP 2201 29TH AVE NO
BIRMINGHAM AL 35207

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

TITLE ☐ Delete
NAME DT
STREET ADDRESS BRADBERRY, JOHN
CITY-ST-ZIP 11651 PLANO ROAD
DALLAS TX 75243

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Joseph Todd
CITY-ST-ZIP 4601 Malat Street
Oakland, CA 94601

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:

Robert P. O'Keefe, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

(727)372-3665

Date

Daytime Phone #

CR2E037 (9/99)