

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J70410

1. Entity Name

NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90056 040 ***158.75

Principal Place of Business

Mailing Address

4415 FIFTH AVE.
PITTSBURGH PA 15213

4415 FIFTH AVE.
PITTSBURGH PA 15213-2654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2825019

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD
SUITE 100
JACKSONVILLE FL 32216

Name Lewis Ansbacher
Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road
Building 100
City Jacksonville FL Zip Code 32256

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	SASSARD, CHERYL	
STREET ADDRESS	4215 SOUTHPOINT BLVD, STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONNOR, DIANE G	
STREET ADDRESS	4415 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	MASON MARTIN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	MASON, MARTIN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BELLINO, KATHLEEN	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5150 Belfort Road, Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32256	
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:

Diane Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

(412) 578-7800

Date

Daytime Phone #

CR2E034 (9/99)