

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30774

1. Entity Name

NATIONAL ASSOCIATION OF OFFICE AND INDUSTRIAL PA

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90004 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4509 GEORGE RD.  
TAMPA FL 33634  
US

4509 GEORGE RD.  
TAMPA FL 33634-7353  
US

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

NOT APPLICABLE

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

GANG, NENA  
4509 GEORGE RD  
TAMPA FL 33634

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 PD ☐ Delete  
NAME KREISLER, GARY  
STREET ADDRESS 111 N. ORANGE AVE.  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete  
NAME DUNCAN, RONNIE E  
STREET ADDRESS 2295 CORPORATE BLVD. NW #125  
CITY-ST-ZIP BOCA RATON FL

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

TITLE PPD ☒ Delete  
NAME DELORENZO, LYNN R.  
STREET ADDRESS 1200 S. PINE ISLAND RD.  
CITY-ST-ZIP PLANTATION FL

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

TITLE PPD ☐ Delete  
NAME LAW, RHEA  
STREET ADDRESS 501 E. KENNEDY BLVD. #1700  
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete  
NAME THOMAS, DAVID  
STREET ADDRESS 5910 BENJAMIN CT. #120  
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00

813-885-4641

Date

Daytime Phone #

CR2E037 (9/99)