

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N30774**

1. Entity Name

NATIONAL ASSOCIATION OF OFFICE AND INDUSTRIAL PA

Principal Place of Business

4509 GEORGE RD.
TAMPA FL 33634
US

Mailing Address

4509 GEORGE RD.
TAMPA FL 33634
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

GANG, NENA
4509 GEORGE RD
TAMPA FL 33634

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KREISLER, GARY
111 N. ORANGE AVE.
ORLANDO FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUNCAN, RONNIE E
2295 CORPORATE BLVD. NW #125
BOCA RATON FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
DELORENZO, LYNN R.
1200 S. PINE ISLAND RD.
PLANTATION FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
LAW, RHEA
501 E. KENNEDY BLVD. #1700
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, DAVID
5910 BENJAMIN CT. #120
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 OF **RONNIE E DUNCAN**
VP Dirca3/20/01 813-885-4641
Date Daytime Phone #**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90160 017 *****61.25

637584



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)