

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0088413

DOCUMENT # N38262

1. Entity Name

N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOCIATES OF WEST FLORIDA, INC.

01-21-2002 90026 049 ****61.25

Principal Place of Business

Mailing Address

~~PO BOX 5054~~
~~HOLIDAY FL 34690~~
US PO BOX 5317
SPRING HILL FL 34611-5317

P.O. BOX 5317
 SPRING HILL FL 34611-5317

2. Principal Place of Business

3. Mailing Address

P.O. Box 5317

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill FL

Zip

Country

Zip

Country

34611-5317

U.S.A.

4. FEI Number

58-1900885

☒ 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

CONNOLLY, ROBERT
8228 RHANBUOY RD.
SPRING HILL FL 34606

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

Robert Connolly Treasurer Robert Connolly

1-11-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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: **D** ☐ Delete
 NAME: **SIMON, DONALD**
 STREET ADDRESS: **12911 BOX DRIVE**
 CITY-ST-ZIP: **HUDSON FL**

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

TITLE: **D** ☒ Delete
 NAME: **DESENA, FRANK**
 STREET ADDRESS: **5131 PLUMOSA COURT**
 CITY-ST-ZIP: **SPRING HILL FL**

TITLE: **D** ☒ Change ☐ Addition
 NAME: **WALTER, CHARLES**
 STREET ADDRESS: **13037 EVERARD DR.**
 CITY-ST-ZIP: **SPRING HILL, FL 34609**

TITLE: **D** ☐ Delete
 NAME: **CONNOLLY, ROBERT**
 STREET ADDRESS: **8228 RHANBUOY ROAD**
 CITY-ST-ZIP: **SPRING HILL FL**

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

TITLE: **T** ☒ Delete
 NAME: **LAMIA, JOSEPH**
 STREET ADDRESS: **7739 HECTOR STREET**
 CITY-ST-ZIP: **HUDSON FL**

TITLE: **T** ☒ Change ☐ Addition
 NAME: **CORRAO, CHARLES**
 STREET ADDRESS: **6337 PINE MEADOWS DR.**
 CITY-ST-ZIP: **SPRING HILL, FL 34606**

TITLE: **T** ☐ Delete
 NAME: **MENNA, ANTHONY**
 STREET ADDRESS: **8104 ROSE PETAL COURT**
 CITY-ST-ZIP: **PORT RICHEY FL**

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

TITLE: **T** ☐ Delete
 NAME: **STRAMIELLO, ANTHONY**
 STREET ADDRESS: **2515 MEADOWOOD DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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:

Robert Connolly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 352-597-3451

Date

Daytime Phone #

CR2E037 (9/01)