

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90604 007 \*\*\*\*61.25

**DOCUMENT # N38262**

1. Entity Name

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



Principal Place of Business

PO BOX 5317  
SPRING HILL FL 34611  
US

Mailing Address

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

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 **APPLIED FOR**  
**58-1900885**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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; I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMON, DONALD</b>	
STREET ADDRESS	<b>12911 BOX DRIVE</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALTER, CHARLES</b>	
STREET ADDRESS	<b>13027 EVERDO DRIVE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONNOLLY, ROBERT</b>	
STREET ADDRESS	<b>8228 RHANBUOY ROAD</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CORRAO, CHARLES</b>	
STREET ADDRESS	<b>8337 PINE MEADOW DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MENNA, ANTHONY</b>	
STREET ADDRESS	<b>8104 ROSE PETAL COURT</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STRAMIELLO, ANTHONY</b>	
STREET ADDRESS	<b>2515 MEADOWOOD DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM HAMM</b>	
STREET ADDRESS	<b>7371 BOTANICAL DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>	
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		

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*

1-15-03

352-597-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)