

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000006123 (3)**

1. Corporation Name

**NATIONAL BOARD FOR INSULATION SAFETY, INC.**



Principal Place of Business

Mailing Address

4020 ENSENADA AVENUE  
COCONUT GROVE FL 33133

4020 ENSENADA AVENUE  
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 10009 Cork Oak Circle

26 10009 Cork Oak Circle

4. FEI Number

65-0538506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 OAKDALE, CA.

28 OAKDALE, CA.

Zip Country

Zip Country

24 95361

25 USA

29 95361

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, ROBERTA  
FOX AND GOLD P.A.  
200 S. BISCAYNE BLVD., 20TH FLOOR  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
SURBROOK, DAVID B  
STREET ADDRESS 4020 ENSENADA AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ DELETE

NAME D  
RAUDSO, ROBERT ALLEN  
STREET ADDRESS 180 STANFORD AVENUE  
CITY-ST-ZIP MILL VALLEY CA 94941

TITLE ☐ DELETE

NAME D  
GLAZEBROOK, TANYA J  
STREET ADDRESS 4020 ENSENADA AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. SURBROOK 4/16/96 209/847-1437

Date

Daytime Phone #

CR2E037 (12/95)