

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001210

1. Entity Name

NATIONAL DUCT MASTIC MANUFACTURERS ASSOCIATION,

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90045 001 ****61.25

Principal Place of Business

Mailing Address

900 FOX VALLEY DR
STE 204
LONGWOOD FL 32779
US

900 FOX VALLEY DR
STE 204
LONGWOOD FL 32779-2552
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

59-3302638

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

Name

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

City

FL

Zip Code

MONAHAN, THOMAS A
900 FOX VALLEY DR #204
LONGWOOD FL 32779

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	D	<input type="checkbox"/> Delete
NAME	BROGAN, KEVIN	
STREET ADDRESS	P.O. BOX 547606 N/A	
CITY-ST-ZIP	ORLANDO FL 32854-7606	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRATER, HARRY	
STREET ADDRESS	2030 CENTURY CENTER BLVD STE 8	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAISER, LARRY	
STREET ADDRESS	P.O. BOX 14669 N/A	
CITY-ST-ZIP	HOUSTON TX 77221-4669	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, LYLE R	
STREET ADDRESS	12682 CONSTRUCTION CIR. E	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUQUETTE, HOLLY	
STREET ADDRESS	PO BOX 029100 N/A	
CITY-ST-ZIP	MIAMI FL 30102	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERICKSON, JAY	
STREET ADDRESS	PO BOX 1239	
CITY-ST-ZIP	WYLIE TX 75098	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)