

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25858

1. Entity Name

NDC HOUSING DEVELOPMENT CORPORATION

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90031 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

51 E 42ND ST  
STE 300  
NY NY 10017  
US

51 E 42ND ST  
STE 300  
NY NY 10017-5404  
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

11-2933129

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

STAFF, GEORGE  
1153 SECOND AVENUE SOUTH  
TIERRA VERDE FL 33715

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME DAVENPORT, ROBERT  
STREET ADDRESS 5 E. 22ND ST.  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE SD  
NAME LAWRENCE, WILLIAM  
STREET ADDRESS 43 WARREN PLACE  
CITY-ST-ZIP MONTCLAIR NJ ☐ Delete

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

TITLE D  
NAME LANG, BARRY  
STREET ADDRESS 5890 E TERRA GRANDE  
CITY-ST-ZIP TUCSON AZ 85750 ☐ Delete

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

TITLE D  
NAME RUCCIO, MARY JO  
STREET ADDRESS 211 E 4TH STREET  
CITY-ST-ZIP COVINGTON KY ☒ Delete

TITLE ☒ Change ☐ Addition  
NAME ANN VOGT  
STREET ADDRESS 18 Mt. Tom Road  
CITY-ST-ZIP New Rochelle ny 10805

TITLE D  
NAME LINNEN, JOHN  
STREET ADDRESS 2638 MEADOWWOOD  
CITY-ST-ZIP TOLEDO OH ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Robert W. Davenport 4/18/00 (212) 682-1106

Date

Daytime Phone #

CR2E037 (9/99)