

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090766

1. Entity Name

NORTHERN DEVELOPMENT ASSOCIATES, INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90024 027 \*\*\*158.75

Principal Place of Business

3007 WASHINGTON BLVD., #225  
MARINA DEL REY CA 90292

Mailing Address

P O BOX 628  
VENICE CA 90294-0628  
US

2. Principal Place of Business

1225 Wold Rd

3. Mailing Address

PO BOX 2616

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Friday Harbor WA

City & State

Friday Harbor WA

4. FEI Number

65-0550863

Applied For

Not Applicable

Zip

Country

98250

USA

Zip

Country

98250

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLISON, JOHN R III  
100 S.E. SECOND STREET  
SUITE 3350  
MIAMI FL 33131

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>DPS</del>	<input type="checkbox"/> Delete
NAME	<del>DISTEFANO, LISA</del>	
STREET ADDRESS	3007 WASHINGTON BLVD., #225	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	<del>CFO</del>	<input type="checkbox"/> Delete
NAME	<del>KIEBER, KURT</del>	
STREET ADDRESS	8812 ANCHORAGE DR	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92646	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Paul Watson	
STREET ADDRESS	#1225 Wold Rd	
CITY-ST-ZIP	Friday Harbor, WA 98250	
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie Shand	
STREET ADDRESS	1225 Wold Rd	
CITY-ST-ZIP	Friday Harbor, WA 98250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Shand  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 360/370-5500  
Date Daytime Phone #