

# 2000 UNIFORM BUSINESS REPORT (UBR)

0420629

DOCUMENT # P95000068908

1. Entity Name

NFB, INC.

FILED

00 APR 27 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2004 DURHAM ST  
TAMPA FL 33605

P.O. BOX 5238  
TAMPA FL 33675-5238

2. Principal Place of Business

3. Mailing Address

1302 N. 19th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33605

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITANO, JOSEPH JR  
2004 DURHAM ST  
TAMPA FL 33675

Name

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

1302 N. 19th Street, Suite 300

City

Tampa

FL

Zip Code

33605

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 ☐ Delete  
NAME P  
STREET ADDRESS CAPITANO, JOSEPH SR  
CITY-ST-ZIP 2004 DURHAM  
TAMPA FL 33675

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1302 N. 19th St., Ste. 300  
CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ Delete  
NAME V  
STREET ADDRESS CAPITANO, JOSEPH JR  
CITY-ST-ZIP 2004 DURHAM  
TAMPA FL 33675

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1302 N. 19th St., Ste. 300  
CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CAPITANO, FRANK DAVID  
CITY-ST-ZIP 2004 DURHAM  
TAMPA FL 33675

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1302 N. 19th St., Ste. 300  
CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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\*\*\*\*158.75 \*\*\*\*158.75

SP

4-24-00 (813)  
247-4731