

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071227

1. Entity Name
NORTHFIELD ASSOCIATES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90270 028 ***150.00

Principal Place of Business
1200 N. FEDERAL HWY., STE. 411
BOCA RATON FL 33432

Mailing Address
1200 N. FEDERAL HWY., STE. 411
BOCA RATON FL 33432

00011100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 N. Federal Hwy.

3. Mailing Address
1200 N. Federal Hwy.

Suite, Apt. #, etc.
Suite 420

Suite, Apt. #, etc.
Suite 420

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
Palm Beach

Zip
33432

Country
Palm Beach

4. FEI Number 65-0627261

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

FORBES, PHILIP H.
1200 N FEDERAL HWY
STE 411-420
BOCA RATON FL 33432

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ODDO, NANETTE M
1200 N. FEDERAL HWY., STE. 411-420
BOCA RATON FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ODDO, JOSEPH
1200 N FEDERAL HWY STE 411-420
BOCA RATON FL 33432

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

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☐ Change ☐ Addition

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 #

CR2E034 (10/00)