

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023357

1. Entity Name

UDELL ASSOCIATES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90074 004 \*\*\*150.00

- Principal Place of Business

1900 SUMMIT TOWER BLVD.  
STE. 240  
ORLANDO FL 32810

Mailing Address

%NATIONAL FINANCIAL PARTNERS CORP.  
1301 AVE. OF THE AMERICAS, 30TH FLOOR  
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

410 NFP, 500 W. Madison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 3650

City & State

City & State

Chicago, IL

Zip

Country

Zip

Country

60661

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4072128

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
STE. 105  
TALLAHASSEE FL 32301

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  
DP  
UDELL, BRUCE  
1900 SUMMIT TOWER BLVD., SUITE 240  
ORLANDO FL 32810 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
UDELL, JANET S  
1900 SUMMIT TOWER BLVD., SUITE 240  
ORLANDO FL 32810 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
CAMPBELL, ROSS  
1301 AVENUE OF THE AMERICAS, 30TH FLOOR  
NEW YORK NY 10019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Campbell Ross  
500 W. Madison, Suite 3650  
Chicago, IL 60661 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
HAMMOND, DOUGLAS W  
1301 AVENUE OF THE AMERICAS, 30TH FLOOR  
NEW YORK NY 10019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Hammond, Doug  
787 Seventh Ave, 49th Floor  
New York, NY 10019 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LIESER, LORI  
1301 AVENUE OF THE AMERICAS, 30TH FLOOR  
NEW YORK NY 10019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Lieser, Lori  
500 W. Madison, Suite 3650  
Chicago, IL 60661 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
KATZ, MIRIAM I  
1301 AVENUE OF THE AMERICAS, 30TH FLOOR  
NEW YORK NY 10019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Katz, Miriam  
787 Seventh Ave, 49th Floor  
New York, NY 10019 ☒ 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

04/24/01

Date

(312) 985-5100

Daytime Phone #

CR2E034 (10/00)

0442055