

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003980

1. Entity Name

THE NATIONAL HBPA, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90109 030 ****61.25

Principal Place of Business

20801 BISCAYNE BLVD
#442
AVENTURA FL 33180
US

Mailing Address

20801 BISCAYNE BLVD
#442
AVENTURA FL 33180-2801
US

2. Principal Place of Business

2875 NE 191 Street
Suite, Apt. #, etc.
Suite 506

3. Mailing Address

2875 NE 191 Street
Suite, Apt. #, etc.
Suite 506

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

US

Zip

33180

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1789171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
HAGAN, ED
20133 NE BROADWAY CT
TROUTDALE OR 97060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STIRLING, KENT
8301 NW 19TH ST
PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HILES, RICK
4211 SOUTHERN PKWY
LOUISVILLE KY 40214 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WALMSLEY, BILL
398 BARNETT DRIVE
BATESVILLE AK ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☒ Change ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
John Roark
P.O. Box 864
Temple, TX 76503 ☐ Change ☒ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 935-4700