

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90114 023 ****61.25

DOCUMENT # F95000003980

1. Entity Name

THE NATIONAL HBPA, INC.

Principal Place of Business

2875 NE 191 ST
STE 506
AVENTURA FL 33180
US

Mailing Address

2875 NE 191 ST
STE 506
AVENTURA FL 33180
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
Charles A. Krblich

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

1121 East Broward Boulevard

City
Fort Lauderdale

FL

Zip Code
33301

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

Charles A. Krblich

CHARLES A. KRBlich

DATE

4/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

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

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

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

TITLE VP ☐ Delete
NAME ROARK, JOHN
STREET ADDRESS P O BOX 864
CITY-ST-ZIP TEMPLE TX 76503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SP ☒ Change ☐ Addition
NAME Bill Walmsley
STREET ADDRESS P.O. Box 2535
CITY-ST-ZIP Batesville, AR 72503

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

TITLE ST ☒ Change ☐ Addition
NAME Joseph Santana
STREET ADDRESS 6455 Oak View Drive
CITY-ST-ZIP Harrisburg, PA 17112

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

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

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 an other like empowered.

SIGNATURE:

Joe Santana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01 8662451711

CR2E037 (10/00)