

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002785

1. Entity Name

NORTH AMERICAN MORTGAGE INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

2170 NORTHPOINT PARKWAY
SUITE D
SANTA ROSA CA 95407
US

PO BOX 808002
N/A
PETALUMA CA 94975-8002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL

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, 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 D
STREET ADDRESS VEZZANI, GINO J
CITY-ST-ZIP 1431 OPUS PLACE, ST 210
DOWNERS GROVE FL 60515

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS melvin L. Ceprik
CITY-ST-ZIP 1401 Valley Road
Wayne, NJ 07470

TITLE ☐ Delete
NAME D
STREET ADDRESS BONNIKSON, HAROLD B
CITY-ST-ZIP 3883 AIRWAY DRIVE
SANTA ROSA CA 95403

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Karen D. Cramer
CITY-ST-ZIP 215 Mountain Ave
Hackettstown, NJ 07840

TITLE ☐ Delete
NAME D
STREET ADDRESS MIRRO, RICHARD A
CITY-ST-ZIP 6200 COURTNEY CAMPBELL CSWY., ST 300
TAMPA FL 33607

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

TITLE ☒ Delete
NAME P
STREET ADDRESS MARTIN, SCOTT R
CITY-ST-ZIP 2170 NORTHPOINT PARKWAY, STE. D
SANTA ROSA CA 95407

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

TITLE ☐ Delete
NAME CFO
STREET ADDRESS DAVIDSON, GAYLE E
CITY-ST-ZIP 6200 COURTNEY CAMPBELL CSWY., ST 300
TAMPA FL 33607

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

TITLE ☐ Delete
NAME S
STREET ADDRESS BENNETT, LANCE J
CITY-ST-ZIP EAB PLAZA, 15TH FLOOR
UNIONDALE NY 11556

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 #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90014 039 ***150.00

00013162



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-2975976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**