

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H46507

1. Entity Name

THE ASSOCIATION OF INSURANCE SCHOLARS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90111 018 ***158.75

Principal Place of Business

Mailing Address

883 S. EUCALYPTUS STREET
SEBRING FL 33870-3719
US

883 S. EUCALYPTUS STREET
SEBRING FL 33870-3719
US

2. Principal Place of Business

3. Mailing Address

883 S. EUCALYPTUS ST.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING, FL

Zip

Country

Zip

Country

33870-3719

U.S.A.

4. FEI Number

59-2521339

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

TUCKER, HILDA F
883 S EUCALYPTUS ST
SEBRING FL 33870 - 3719

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 HILDA F. TUCKER VPST

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

(NOTE: Registered Agent signature required when reinstating)

Jul 8, 2000
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 NAME STREET ADDRESS CITY-ST-ZIP	P KISER, KATHERINE W 883 S. EUCALYPTUS STREET SEBRING FL 33870-3719	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST TUCKER, HILDA F 883 S. EUCALYPTUS STREET SEBRING FL 33870-3719	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D KISER-TAYLOR, DEBORAH L 2860 NORTHEAST 23RD AVENUE LIGHTHOUSE PT. FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D KISER, JOHN R 883 S. EUCALYPTUS ST SEBRING FL 33870 - 3719	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: HILDA F. TUCKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 8, 2000 471-6338
Date Daytime Phone #

CR2E034 (9/99)