

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91219 022 \*\*\*158.75

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**DOCUMENT # H46507**

1. Entity Name

**THE ASSOCIATION OF INSURANCE SCHOLARS, INC.**

Principal Place of Business

**883 S. EUCALYPTUS STREET  
 SEBRING FL 33870-3719  
 US**

Mailing Address

**883 S. EUCALYPTUS STREET  
 SEBRING FL 33870-3719  
 US**



2. Principal Place of Business

**883 SO. EUCALYPTUS ST.**

3. Mailing Address

**SAME**

City & State

**Sebring, FL.**

City & State

**SAME**

4. FEI Number

**59-2521339**

Applied For

Not Applicable

Zip

**33870-3719**

Country

**Highlands**

Zip

**SAME**

Country

**SAME**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**Hilda F. Tucker VPST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 19, 2002**

Date

Daytime Phone #

**(863) 471-6338**

CR2E034 (9/01)