

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90057 017 ***158.75

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 S. Eucalyptus St
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

4. FEI Number

59-2521339

Applied For

Not Applicable

Zip

Country

33870-3719

USA

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Hilda F. Tucker**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN. 7, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KISER, KATHERINE W**
STREET ADDRESS **883 S. EUCALYPTUS STREET**
CITY-ST-ZIP **SEBRING FL 33870-3719**

TITLE **VPST** ☐ Delete
NAME **TUCKER, HILDA F**
STREET ADDRESS **883 S. EUCALYPTUS STREET**
CITY-ST-ZIP **SEBRING FL 33870-3719**

TITLE **VPD** ☐ Delete
NAME **TAYLOR, DEBORAH L**
STREET ADDRESS **2860 NORTHEAST 23RD AVENUE**
CITY-ST-ZIP **LIGHTHOUSE PT. FL 33064**

TITLE **VP D** ☐ Delete
NAME **KISER, JOHN R**
STREET ADDRESS **883 S. EUCALYPTUS ST**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 2003
Daytime Phone #

CR2E034 (10/02)