

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N21117**

1. Entity Name

**NATIONAL MANUFACTURED HOUSING INSURANCE PURCHASI****FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90086 007 \*\*\*\*61.25

**904044**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% GRAEME H. SMITH  
P.O. BOX 15707  
ST. PETERSBURG FL 33733% GRAEME H. SMITH  
P.O. BOX 15707  
ST. PETERSBURG FL 33733-5707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2890449**

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

SMITH, GRAEME H.  
ORION INTERNATIONAL GROUP, INC.  
360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SMITH, GRAEME H.  
STREET ADDRESS 360 CENTRAL AVE, STE 1705  
CITY-ST-ZIP ST. PETERSBURG FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME ROSS, YVONNE MARGO  
STREET ADDRESS 360 CENTRAL AVE, STE 1705  
CITY-ST-ZIP ST PETERSBURG FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE STD ☐ Delete  
NAME BRUBAKER, RICHARD  
STREET ADDRESS 360 CENTRAL AVE, STE 1705  
CITY-ST-ZIP ST PETERSBURG FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 all other names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRAEME H. SMITH

1/14/00

Date

(727) 894-4336

Daytime Phone #

CR2E037 (9/99)