

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101000

1. Entity Name

NEW AMERICA INSURANCE COMPANY

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90029 027 ***150.00

Principal Place of Business

Mailing Address

7640 SOUTHGATE BLVD.
N. LAUDERDALE FL 33068

999 STEWART AVE
BETHPAGE NY 11714-3551
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0879015**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	D	<input type="checkbox"/> Delete
NAME	HUBBARD, HYLAN T III	
STREET ADDRESS	9 LOCUST LN.	
CITY-ST-ZIP	HUNTINGTON BAY NY 11743	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JASPER J	
STREET ADDRESS	134 CHESTNUT ST.	
CITY-ST-ZIP	MONTCLAIR NJ 07042	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, GEORGE	
STREET ADDRESS	80 VAN BUREN ST.	
CITY-ST-ZIP	FREEPORT NY 11520	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEZAMOODEEN, PHILBERT	
STREET ADDRESS	38 ROOSEVELT AVE. E.	
CITY-ST-ZIP	ROCKAWAY NY 11518	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, ROBERT M	
STREET ADDRESS	11906 SHADYSTONE TERR.	
CITY-ST-ZIP	MITCHELLVILLE MD 20716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Jorge	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	38 Roosevelt Avenue	
CITY-ST-ZIP	East Rockaway, NY 11518	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Mitchellville, MD 20721	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hylan T. Hubbard, III

Date

(516)
393-4810

Daytime Phone #

CR2E034 (9/99)