

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101000

1. Entity Name

NEW AMERICA INSURANCE COMPANY

Principal Place of Business

7640 SOUTHGATE BLVD.  
N. LAUDERDALE FL 33068

Mailing Address

999 STEWART AVE  
BETHPAGE NY 11714  
US

2. Principal Place of Business

101 Federal Place

Suite, Apt. #, etc.

Suite 201

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

3. Mailing Address

101 Federal Place

Suite, Apt. #, etc.

Suite 201

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90047 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0879015

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

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, 2001 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 ☐ Delete  
NAME HUBBARD, HYLAN T III  
STREET ADDRESS 9 LOCUST LN.  
CITY-ST-ZIP HUNTINGTON BAY NY 11743

TITLE C/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JACKSON, JASPER J  
STREET ADDRESS 134 CHESTNUT ST.  
CITY-ST-ZIP MONTCLAIR NJ 07042

TITLE S/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MARTINEZ, JORGE  
STREET ADDRESS 80 VAN BUREN ST.  
CITY-ST-ZIP FREEPORT NY 11520

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

TITLE D ☐ Delete  
NAME NEZAMOODEEN, PHILBERT  
STREET ADDRESS 38 ROOSEVELT AVE  
CITY-ST-ZIP EAST ROCKAWAY NY 11518

TITLE D/I/T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WILLIS, ROBERT M  
STREET ADDRESS 11906 SHADYSTONE TERR.  
CITY-ST-ZIP MITCHELLVILLE MD 20721

TITLE P/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Wallach, Robert M.  
STREET ADDRESS 219 Fee Ks Lane  
CITY-ST-ZIP Mill Neck, NY 11765

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:

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

2-28-01

Date

(516) 393-4810

Daytime Phone #

CR2E034 (10/00)