

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90081 035 \*\*\*150.00

**DOCUMENT # P98000101000**

**1. Entity Name**  
**NEW AMERICA INSURANCE COMPANY**

**Principal Place of Business**

**101 FEDERAL PL  
 SUITE 201  
 TARPON SPRINGS FL 34689**

**Mailing Address**

**101 FEDERAL PL  
 SUITE 201  
 TARPON SPRINGS FL 34689  
 US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** President, COO, Director ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 3045 Kensington Trace  
**CITY-ST-ZIP** Tarpon Springs, FL 34688

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

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

**TITLE** D ☐ Delete  
**NAME** WALLACH, ROBERT  
**STREET ADDRESS** 219 FEEKS LN  
**CITY-ST-ZIP** MILL NECK NY 11765

**TITLE** Chairman, Director ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

**TITLE** CEO, Director ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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**

*Hyman T. Hubbard* **Hyman T. Hubbard** 4/16/02 727-934-8947  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)