

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036212

1. Entity Name

NATIONAL INSURANCE ADVISORS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90011 016 ***158.75

Principal Place of Business

1533 N RIDGE LAKE CIR
 LONGWOOD FL 32750-4554

Mailing Address

1533 N RIDGE LAKE CIR
 LONGWOOD FL 32750-4554

2. Principal Place of Business

715-G West SR 434

Suite, Apt. #, etc.

3. Mailing Address

715-G West SR 434

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, Florida

Zip

32750

Country

USA

Zip

32750

Country

USA

4. FEI Number

59-3612821

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAY, ROBERT J
 1533 N RIDGE LAKE CIR
 LONGWOOD FL 32750-4554

7. Name and Address of New Registered Agent

Name Deborah J. Hurst

Street Address (P.O. Box Number is Not Acceptable)
 715-G West SR 434

City Longwood

FL

Zip Code 32750

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 Deborah S. Hurst, Deborah J. Hurst, Vice President 1/7/00

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

TITLE S/T
 NAME Robert J. Ray ☒ Delete
 STREET ADDRESS 1533 N. Ridge Lake Circle
 CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME George L. Schank ☐ Change ☐ Addition
 STREET ADDRESS 715-G West SR 434
 CITY-ST-ZIP Longwood, FL 32750

TITLE S/T
 NAME Robert J. Ray ☐ Change ☐ Addition
 STREET ADDRESS 1533 N. Ridge Lake Cir.
 CITY-ST-ZIP Longwood, FL 32750

TITLE V/S/T
 NAME Deborah J. Hurst ☐ Change ☒ Addition
 STREET ADDRESS 715-G West SR 434
 CITY-ST-ZIP Longwood, FL 32750

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

TITLE ☐ Change ☐ Addition
 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:

Deborah S. Hurst, Deborah J. Hurst
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)