

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90165 018 \*\*\*150.00

DOCUMENT # P99000036212

1. Entity Name  
NATIONAL INSURANCE ADVISORS, INC.

Principal Place of Business

715-G WEST SR 434  
LONGWOOD FL 32750

Mailing Address

715-G WEST SR 434  
LONGWOOD FL 32750

2. Principal Place of Business

409 MONTGOMERY ROAD

Suite, Apt. #, etc.

SUITE 141

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

SEMINOLE

3. Mailing Address

P.O. BOX 16266

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

32716-2266 SEMINOLE

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURST, DEBORAH J  
715-G WEST SR 434  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

JAY WISER, ESQ

Street Address (P.O. Box Number is Not Acceptable)

POHL & SHORT, PA

280 WEST CANTON AVE. SUITE 410

City

WINTER PARK

FL

Zip Code

32790

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 Jay Wiser  
Signature, typed or printed name of registered agent and title if applicable.

JAY WISER, ESQ

(NOTE: Registered Agent signature required when reinstating)

APRIL 30, 2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHANK, GEORGE L	715 G WEST SR 434	LONGWOOD FL 32750	
VST	HURST, DEBORAH J	715 G WEST SR 434	LONGWOOD FL 32750	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SCHANK, GEORGE L	409 MONTGOMERY ROAD, SUITE 141	ALTAMONTE SPRINGS, FL 32714		
VSTD	HURST, DEBORAH J.	409 MONTGOMERY ROAD, SUITE 141	ALTAMONTE SPRINGS, FL 32714		
D	CREGG YAWMAN	409 MONTGOMERY ROAD, SUITE 141	ALTAMONTE SPRINGS, FL 32714		<input checked="" type="checkbox"/> Addition
D	GARY REVICKY	409 MONTGOMERY ROAD, SUITE 141	ALTAMONTE SPRINGS, FL 32714		<input checked="" type="checkbox"/> Addition

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: George Schank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 2001 (407) 262-9150  
Date Daytime Phone #

CR2E034 (10/00)