

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90098 040 ***150.00

DOCUMENT # P99000036212

1. Entity Name

NATIONAL INSURANCE ADVISORS, INC.

Principal Place of Business

**409 MONTGOMERY ROAD
 SUITE 141
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**P.O. BOX 16766
 ALTAMONTE SPRINGS FL 32716-2266**

2. Principal Place of Business

927 FERN STREET

3. Mailing Address

P.O. Box 162266

Suite, Apt. #, etc.

SUITE 2200

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

U.S.A.

Zip

32716-2266

Country

U.S.A.

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

**WISER, JAY, ESQ.
 POHL & SHORT, PA
 280 W CANTON AVENUE STE 410
 WINTER PARK FL 32790**

7. Name and Address of New Registered Agent

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

TITLE **PD** NAME **SCHANK, GEORGE L.** ☐ Delete
 STREET ADDRESS **409 MONTGOMERY ROAD STE 141**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VSTD** NAME **HURST, DEBRORAH J** ☒ Delete
 STREET ADDRESS **409 MONTGOMERY ROAD STE 141**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** NAME **YAWMAN, GREGG** ☐ Delete
 STREET ADDRESS **409 MONTGOMERY ROAD STE 141**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** NAME **REVICZKY, GARY** ☐ Delete
 STREET ADDRESS **409 MONTGOMERY ROAD STE 141**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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 **PD ST** NAME **SCHANK, GEORGE L.** ☒ Change ☐ Addition
 STREET ADDRESS **927 FERN ST., SUITE 2200**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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

TITLE **D** NAME **YANMAN, GREGG** ☒ Change ☐ Addition
 STREET ADDRESS **927 FERN ST., SUITE 2200**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **D** NAME **REVICZKY, GARY** ☒ Change ☐ Addition
 STREET ADDRESS **927 FERN ST., SUITE 2200**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
 Date

(407) 262-9150
 Daytime Phone #

CR2E034 (9/01)