

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 612900

1. Entity Name

PROGRAM UNDERWRITERS, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90035 007 \*\*\*150.00

Principal Place of Business

Mailing Address

3700 COCONUT CREEK PARKWAY  
SUITE 200  
COCONUT CREEK FL 33066-1616  
US

3700 COCONUT CREEK PARKWAY  
SUITE 200  
COCONUT CREEK FL 33066-1616  
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 59-1906076

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

ZISSELMAN, ARNOLD  
3700 COCONUT CREEK PARKWAY  
SUITE 200  
COCONUT CREEK FL 33066

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 PD ☐ Delete  
NAME BUTO, DONNA M  
STREET ADDRESS 11400 NW 56 DRIVE APT. 104  
CITY-ST-ZIP POMPANO BEACH FL 33076

TITLE ☒ Change ☐ Addition  
NAME 11400 N.W. 56 DR. APT 104  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME CHIAPPELLI, TERRY  
STREET ADDRESS 10301 S.W. 16 PLACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

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

TITLE VPD ☐ Delete  
NAME BUTO, STEPHEN  
STREET ADDRESS 11184 LAKEVIEW DRIVE  
CITY-ST-ZIP CORAL SPGS FL 33071

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

TITLE VPST ☐ Delete  
NAME ZISSELMAN, ARNOLD  
STREET ADDRESS 3931 NW 27 AVE  
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE VP ☐ Delete  
NAME PATRICIA, WOODARD  
STREET ADDRESS 4555 CARAMBOLA CIR  
CITY-ST-ZIP COCONUT CREEK FL 33066

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

TITLE VP ☒ Delete  
NAME SPAIN, NIGEL  
STREET ADDRESS 1429 CALDESI DRIVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33543

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

Arnold Zisselman

4/27/01

904-928-9880

Date

Daytime Phone #

CR2E034 (10/00)

013192