

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90023 007 \*\*\*150.00

364687

**DOCUMENT #**

1. Entity Name

United HealthCare of Florida, Inc.

Principal Place of Business

800 North Magnolia Avenue  
 Suite 600  
 Orlando, FL 32803

Mailing Address

Legal Department, MN008-T202  
 UnitedHealth Group Center  
 9900 Bren Road East  
 Minnetonka, MN 55343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
 59-1293865

Applied For  
 Not Applicable

Zip Country Zip Country

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

CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director/Executive Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeannine M. Rivet	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	
TITLE	Director/President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary L. Schultz	NAME	
STREET ADDRESS	800 North Magnolia Avenue	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32803	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Sheehy	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian K. Beutner	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan J. Weiss	NAME	
STREET ADDRESS	5901 Lincoln Drive	STREET ADDRESS	
CITY-ST-ZIP	Edina, MN 55346	CITY-ST-ZIP	
TITLE	Vice President - Taxes <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane L. Flottesch	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*Brian K. Beutner*

Brian K. Beutner, Secretary

April 19, 2000

(952) 936-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #