

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 364687

1. Entity Name United HealthCare of Florida, Inc.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90130 045 \*\*\*150.00

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  
same as above

3. Mailing Address  
same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

## 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, 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
Director/President	Gary L. Schultz	13601 NW 12th St.	Sunrise, FL 33323	<input type="checkbox"/>
Director/Executive Vice President	Robert J. Sheehy	UnitedHealth Group Center, 9900 Bren Road East	Minnetonka, MN 55343	<input type="checkbox"/>
Director/Vice President/Assistant Treasurer	William A. Munsell	UnitedHealth Group Center, 9900 Bren Road E.	Minnetonka, MN 55343	<input type="checkbox"/>
Secretary	Brian K. Beutner	UnitedHealth Group Center, 9900 Bren Road E.	Minnetonka, MN 55343	<input type="checkbox"/>
Vice President-Tax	Diane L. Flottesmesch	UnitedHealth Group Center, 9900 Bren Road E.	Minnetonka, MN 55343	<input type="checkbox"/>
Treasurer	Allan J. Weiss	UnitedHealth Group Center, 9900 Bren Road E.	Minnetonka, MN 55343	<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Brian K. Beutner, Secretary

4-24-2001

952-936-1719

Date

Daytime Phone #

CR2E034 (11/00)