

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696618

1. Entity Name

PROGRAM UNDERWRITERS IV, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90093 035 \*\*\*150.00

Principal Place of Business Mailing Address  
3700 COCONUT CREEK PKWY 3700 COCONUT CREEK PKWY  
COCONUT CREEK FL 33066 COCONUT CREEK FL 33066-1616  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2159317

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  
C/O PROGRAM UNDERWRITERS  
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, 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

TITLE CST ☐ Delete  
NAME BUTO, FRANCES T  
STREET ADDRESS 4200 NW 101 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

~~Delete~~ ☒ Change ☐ Addition  
NAME 10975 N.W. 46 CT.  
STREET ADDRESS PARKLAND, FL 33076  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME BUTO, DONNA M  
STREET ADDRESS 4200 NW 101 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☒ Change ☐ Addition  
NAME 11400 N.W. 56 DRIVE, APT. 104  
STREET ADDRESS CORAL SPRINGS, FL 33076  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BUTO, STEPHEN  
STREET ADDRESS 11184 LAKE VIEW DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

CR2E034 (9/99)