

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850868

1. Entity Name

PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90428 013 ***150.00

Principal Place of Business

Mailing Address

3120 LAKE CENTER DRIVE
SANTA ANA CA 92704
US

P.O. BOX 25186
MAIL STOP LC 01-101
SANTA ANA CA 92799-5186

2. Principal Place of Business

3. Mailing Address

P.O. BOX 25186/LC 01-222

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Santa Ana, CA 92704

4. FEI Number

35-1508167

Applied For

Not Applicable

Zip

Country

Zip

Country

92704

U.S.A.

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

C T CORPORATION SYSTEM
1200 SOUTH 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOLICK, JEFFREY M	
STREET ADDRESS	3120 LAKE CENTER DRIVE	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HOOPS, ALAN R	
STREET ADDRESS	3120 LAKE CENTER DRIVE	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	DCFO	<input checked="" type="checkbox"/> Delete
NAME	STEARNS, ROBERT	
STREET ADDRESS	3120 LAKE CENTER DRIVE	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	S	<input type="checkbox"/> Delete
NAME	KONOWIECKI, JOSEPH S	
STREET ADDRESS	3120 LAKE CENTER DRIVE	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAUGH, COY F	
STREET ADDRESS	3120 LAKE CENTER DRIVE	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODSTEIN, MITHCELL J	
STREET ADDRESS	3120 LAKE CENTER DRIVE	
CITY-ST-ZIP	SANTA ANA CA 92704	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradford A. Bowlus	
STREET ADDRESS	3120 Lake Center Drive	
CITY-ST-ZIP	Santa Ana, CA 92704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

714-825-5222

Date

Daytime Phone #

CR2E034 (9/99)