

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850868

1. Entity Name

PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90334 035 \*\*\*150.00

Principal Place of Business

3120 LAKE CENTER DRIVE  
SANTA ANA CA 92704  
US

Mailing Address

P.O. BOX 25186/LC 01-222  
SANTA ANA CA 92704  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3120 LAKE CENTER DRIVE

Suite, Apt. #, etc.

LC01-222

City & State

SANTA ANA

CA

Zip

92704

Country

USA

4. FEI Number 35-1508167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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	PD	<input checked="" 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	PD	<input type="checkbox"/> Delete
NAME	BOWLUS, BRADFORD A	
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 checked="" type="checkbox"/> Delete
NAME	GOODSTEIN, MITHCELL J	
STREET ADDRESS	3120 LAKE CENTER DRIVE	
CITY-ST-ZIP	SANTA ANA CA 92704	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHANSTIEL, HOWARD G.	
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		

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:

*Coy F. Baugh*

Coy F. Baugh

04/10/2001

714-825-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)