

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000883

1. Entity Name

THE PRINCIPAL/AMERICA'S HEALTH PLAN, INC.

FILED

00 JAN 19 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2275 RESEARCH BLVD.
6TH FLOOR
ROCKVILLE MD 20850
US

2275 RESEARCH BLVD.
6TH FLOOR
ROCKVILLE MD 20850-6202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1806976

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

CT 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: P ☐ Delete
NAME: CIRVERA, EDWARD S
STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP: ROCKVILLE MD 20850

TITLE: ~~Director~~ ☐ Change ☒ Addition
NAME: Edward S. Civera
STREET ADDRESS: 2275 Research Blvd., 6th Floor
CITY-ST-ZIP: Rockville, MD 20850

TITLE: VP ☐ Delete
NAME: KARADIMAS, SPIRO
STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP: ROCKVILLE MD 20850

TITLE: ☐ Change ☐ Addition
NAME: 000003114500--6
STREET ADDRESS: -01/28/00--01055--010
CITY-ST-ZIP: ****150.00 ****150.00

TITLE: T ☐ Delete
NAME: BRUNO, S. JOSEPH
STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP: ROCKVILLE MD 20850

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

TITLE: S ☐ Delete
NAME: JOSEPH M. MOTT, ESQ.
STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP: ROCKVILLE MD 20850

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

TITLE: D ☒ Delete
NAME: BLAIR, THOMAS
STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP: ROCKVILLE MD 20850

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 178
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Joseph M. Mott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Mott, Secretary

Date

1-11-00

301-548-1000
Daytime Phone #