

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90005 033 ***150.00

DOCUMENT # F94000005034

1. Entity Name

AMERITAS MANAGED DENTAL PLAN, INC.

Principal Place of Business

500 North Westshore Blvd
Suite 410
TAMPA FL 33609
US

Mailing Address

5900 "O" Street
LINCOLN, NE 68510-2234
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

33-1097402

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ARTH, LAWRENCE J	5900 O STREET	LINCOLN NE	<input type="checkbox"/>
P	HINES, RICHARD L	151 KALMUS DR #B250	COSTA MESA CA	<input type="checkbox"/>
T	LESTER, WILLIAM W	5900 O STREET	LINCOLN NE	<input type="checkbox"/>
V	NELSON, WILLIAM W	5900 O STREET	LINCOLN NE	<input type="checkbox"/>
C	MOORE, DAVID C	5900 O STREET	LINCOLN NE	<input type="checkbox"/>
SD	STADING, DONALD R	5900 O STREET	LINCOLN NE	<input type="checkbox"/>

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"/>

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:

Secretary

03/15/01

402-467-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)