

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90093 027 \*\*\*150.00

**DOCUMENT # F96259**

1. Entity Name

**PROGRAM UNDERWRITERS FINANCING, INC.**

Principal Place of Business

Mailing Address

3700 COCONUT CREEK PARKWAY  
 COCONUT CREEK FL 33066-1616  
 US

3700 COCONUT CREEK PKWY  
 COCONUT CREEK FL 33066-1616  
 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

**59-2236369**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZISSELMAN, ARNOLD**  
 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

*Arnold Zisselman, Secretary*

(NOTE: Registered Agent signature required when reinstating)

*4/6/00*

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 **BUTO, DONNA M**  
 STREET ADDRESS **4200 NW 101 DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 00000**

TITLE *add "D"*  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CST**  Delete  
 NAME **BUTO, FRANCES T**  
 STREET ADDRESS **4200 NW 101 DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 00000 33065**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **BUTO, STEPHEN**  
 STREET ADDRESS **11184 LAKEVIEW DRIVE**  
 CITY-ST-ZIP **CORAL SPGS FL 33071**

TITLE *add "D"*  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *ST*  Change  Addition  
 NAME **ARNOLD ZISSELMAN**  
 STREET ADDRESS **3931 N.W. 27 Avenue**  
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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:

*Donna M. Buto*

*Donna M. Buto, 4/6/00*

Date

Daytime Phone # *978-9880*

CR2E034 (9/99)