

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001549

1. Entity Name

UNITEDHEALTHCARE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 048 ***150.00

Principal Place of Business

Mailing Address

300 OPUS CENTER
9900 BREN RD. E.
MINNETONKA MN 55343

300 OPUS CENTER
9900 BREN RD. E.
MINNETONKA MN 55343-9664

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

41-1922511

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP RIVET, JEANNINE M 300 OPUS CENTER MINNETONKA MN 55343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMSLEY, STEPHEN J 300 OPUS CENTER MINNETONKA MN 55343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNSELL, WILLIAM A 300 OPUS CENTER MINNETONKA MN 55343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHY, ROBERT J 300 OPUS CENTER MINNETONKA MN 55343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRINGER, GREGORY J 300 OPUS CENTER MINNETONKA MN 55343 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WEISS, ALLAN J 5901 LINCOLN DR. EDINA MN 55436-1611 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO RIVET, JEANNINE M. 9900 BREN ROAD EAST MINNETONKA, MN 55343 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMSLEY, STEPHEN J. 9900 BREN ROAD EAST MINNETONKA, MN 55343 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/COO MUNSELL, WILLIAM A. 9900 BREN ROAD EAST MINNETONKA, MN 55343 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SHEEHY, ROBERT J. 9900 BREN ROAD EAST MINNETONKA, MN 55343 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEUTNER, BRIAN K. 9900 BREN ROAD EAST MINNETONKA, MN 55343 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, ALLAN J. 5901 LINCOLN DRIVE EDINA, MN 55436-1611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Brian K. Beutner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Beutner

01/26/2000

Date

612-936-1719

Daytime Phone #

CR2E034 (9/99)