

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18883

1. Entity Name

PROGRAM UNDERWRITERS V, INC.

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

04-27-2000 90093 034 \*\*\*150.00

Principal Place of Business

Mailing Address

136 N MOON AVENUE  
BRANDON FL 33510  
US

3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33066-1616  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

4. FEI Number

59-2258604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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	<input type="checkbox"/> Delete
NAME	BUTO, DONNA M	
STREET ADDRESS	4200 NW 101 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	CST	<input type="checkbox"/> Delete
NAME	BUTO, FRANCES T	
STREET ADDRESS	4200 NW 101 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTO, STEPHEN	
STREET ADDRESS	11184 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11400 N.W. 56 Drive, Apt. 104	
STREET ADDRESS	CORAL SPRINGS, FL 33076	
CITY-ST-ZIP		
TITLE	Delete "C" - Add "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10975 N.W. 66 Ct	
STREET ADDRESS	PARKLAND, FL 33076	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna M. Buto 4/6/00 928-9880

CP2E034 (9/99)