

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90035 011 \*\*\*150.00

**DOCUMENT # H41450**

1. Entity Name

**PROGRAM UNDERWRITERS VII, INC.**

Principal Place of Business

136 N MOON AVENUE  
 SUITE 200  
 BRANDON FL 33510  
 US

Mailing Address

136 N MOON AVENUE  
 SUITE 200  
 BRANDON FL 33510  
 US

2. Principal Place of Business

3700 Coconut Creek Pkwy  
 Suite, Apt. #, etc.  
 Suite 200

3. Mailing Address

3700 Coconut Creek Pkwy  
 Suite, Apt. #, etc.  
 Suite 200

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33066-1616 USA

Zip

33066-1616 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2492476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ZISSELMAN, ARNOLD  
 3700 COCONUT CREEK PKWY  
 SUITE 200  
 COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTO, DONNA M	
STREET ADDRESS	<del>4200 NW 101 DRIVE</del>	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	CST	<input type="checkbox"/> Delete
NAME	BUTO, FRANCES T.	
STREET ADDRESS	<del>4200 NW 101 DRIVE</del>	
CITY-ST-ZIP	CORAL SPGS 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11400 N.W. 56 DR. APT. 104	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10975 N.W. 66 CT	
CITY-ST-ZIP	PARKLAND, FL 33076	
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 #

CR2E034 (10/00)