

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15834

1. Entity Name

PROGRAM UNDERWRITERS, LIFE & HEALTH BENEFITS COR

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

04-27-2000 90093 028 ***150.00

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

4. FEI Number

65-0041635

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

ARNOLD ZISSELMAN, Secretary

4/6/00

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 P
NAME BUTO, DONNA M
STREET ADDRESS 4200 N.W. 101 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE CST
NAME BUTO, FRANCES T.
STREET ADDRESS 4200 N.W. 101 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

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

TITLE S!
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Add "D"
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Add "S"
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME ARNOLD ZISSELMAN
STREET ADDRESS 3931 N.W. 27 Avenue
CITY-ST-ZIP BOCA RATON, FL 33334 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna M. Buto, Secy. 4/6/00 (954) 978-9880

Day

Daytime Phone #