

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90038 042 \*\*\*150.00

**DOCUMENT # K27850**

1. Entity Name

**UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.**

Principal Place of Business

100 SENATE AVE  
 CAMP HILL PA 17011  
 US

Mailing Address

601 CLEVELAND STREET  
 STE 415  
 CLEARWATER FL 33755

2. Principal Place of Business

4401 Deer Path Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Harrisburg, PA

City & State

4. FEI Number

65-0243292

Applied For

Not Applicable

Zip

17110

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL

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	PD	<input type="checkbox"/> Delete
NAME	DZURYACHKO, THOMAS A	
STREET ADDRESS	100 SENATE AVE	
CITY-ST-ZIP	CAMP HILL PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENTERLINE, RICHARD J	
STREET ADDRESS	1800 CENTER ST	
CITY-ST-ZIP	CAMP HILL PA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DANIEL J	
STREET ADDRESS	100 SENATE AVE	
CITY-ST-ZIP	CAMP HILL PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAUL, WAYNE A	
STREET ADDRESS	100 SENATE AVE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, DONALD	
STREET ADDRESS	100 SENATE AVE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	D	<input type="checkbox"/> Delete
NAME	FROH, WALTER F	
STREET ADDRESS	1800 CENTER ST	
CITY-ST-ZIP	CAMP HILL PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dzuryachko, Thomas A.	
STREET ADDRESS	4401 Deer Path Road	
CITY-ST-ZIP	Harrisburg, PA 17110	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Daniel J.	
STREET ADDRESS	4401 Deer Path Road	
CITY-ST-ZIP	Harrisburg, PA 17110	
TITLE	Asst. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billow, Timothy D.	
STREET ADDRESS	4401 Deer Path Road	
CITY-ST-ZIP	Harrisburg, PA 17110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Massini, Stephen M.	
STREET ADDRESS	1800 Center Street	
CITY-ST-ZIP	Camp Hill, PA 17089	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kline, Nanette P.	
STREET ADDRESS	120 Fifth Avenue Place	
CITY-ST-ZIP	Pittsburgh, PA 15222	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Froh, Walter F.	
STREET ADDRESS	100 Senate Avenue	
CITY-ST-ZIP	Camp Hill, PA 17011	

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:

*D. Wright*

Daniel J. Wright, Treasurer

4/6/01

717-260-7182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



~~825459~~  
R 27850

REGULATORY COMPLIANCE  
4401 DEER PATH ROAD  
HARRISBURG, PA 17110

April 18, 2001

**VIA FIRST-CLASS MAIL**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: United Concordia Dental Plans of Florida, Inc.  
FEI Number: 65-0243292

Dear Sir or Madam:

Enclosed please find the completed 2001 Uniform Business Report for United Concordia Dental Plans of Florida, Inc. along with Check Number 02100608 for \$150.00.

If you should have any questions, feel free to call me at (800) 929-0538 or directly at 717-260-7374.

Sincerely,

Darron Wilt  
Regulatory Compliance Analyst

Enclosure