

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90005 040 ***150.00

DOCUMENT # K27850

1. Entity Name
UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.

Principal Place of Business
4401 DEER PATH ROAD
HARRISBURG PA 17110
US

Mailing Address
601 CLEVELAND STREET
STE 415
CLEARWATER FL 33755

80033400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0243292

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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

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, 2002 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 ☐ Delete
 NAME **CPO**
 STREET ADDRESS **DZURYACHKO, THOMAS A**
 CITY-ST-ZIP **4401 DEER PATH ROAD**
HARRISBURG PA 17110

TITLE ☒ Change ☐ Addition
 NAME **CPD**
 STREET ADDRESS **Dzuryachko, Thomas A.**
 CITY-ST-ZIP **4401 Deer Path Road**
Harrisburg, PA 17110

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WRIGHT, DANIEL J**
 CITY-ST-ZIP **4401 DEER PATH ROAD**
HARRISBURG PA 17110

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **Enterline, Richard J.**
 CITY-ST-ZIP **1800 Center Street**
Camp Hill, PA 17089

TITLE ☐ Delete
 NAME **AT**
 STREET ADDRESS **BILLOW, TIMOTHY D**
 CITY-ST-ZIP **4401 DEER PATH ROAD**
HARRISBURG PA 17110

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MASSINI, STEPHEN M**
 CITY-ST-ZIP **1800 CENTER STREET**
CAMP HILL PA 17089

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KLINE, NANETTE P**
 CITY-ST-ZIP **120 FIFTH AVENUE PLACE**
PITTSBURGH PA 15222

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FROH, WALTER F**
 CITY-ST-ZIP **100 SENATE AVENUE**
CAMP HILL PA 17011

TITLE ☐ Change ☐ 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: *Daniel J. Wright* **Daniel J. Wright, Treasurer,**
 & Asst. Secretary **717-260-7182**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)