

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90093 025 ****61.25

DOCUMENT # N99000007497

1. Entity Name

UNITED HEALTHCARE FORUM, INC.

Principal Place of Business

Mailing Address

1221 1ST ST. SOUTH, UNIT 12-B
JACKSONVILLE BEACH FL 322501221 1ST ST. SOUTH, UNIT 12-B
JACKSONVILLE BEACH FL 32250

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

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

 HOLBROOK, H. LEON
 1221 1ST ST. SOUTH, UNIT 12-B
 JACKSONVILLE BEACH FL 32250

Name

Marcus E. Drewa

Street Address (P.O. Box Number is Not Acceptable)

1221 First Street, South, Unit 12B

City

Jacksonville Beach

FL

Zip Code
32250

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

 FILE NOW:
 FEE IS \$61.25

 9. Election Campaign Financing
 Trust Fund Contribution.

☐ \$5.00 May Be
 Added to Fees

 Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROBENIUS, JOHN 1406 6TH AVE. NORTH ST. CLOUD MN 56303-0016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINZEN, TERRY 640 Jackson Street St. Paul, Minnesota 55101-2595	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERWIN, GEORGE P.O. BOX 23400 GREEN BAY WI 54305-3400	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marcus E. Drewa 1221 First Street, South Unit 12B, Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, STEPHEN 8511 WEST DODGE RD. OMAHA NE 68114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, CHARLES 2200 RANDALLIA DR. FT. WAYNE IN 46805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, JOHN 4550 N. WINCHESTER CHICAGO IL 60640-5205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERLOFF, GREG P.O. BOX 6003 GRAND FORKS ND 58201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

 Assistant Secretary/
 Treasurer

Date April 11, 2000 904-798-821

Daytime Phone #

CR2E037 (9/99)