

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90278 050 ****61.25

0013306

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 32250**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**DREWA, MARCUS E
 1221 FIRST STREET, SOUTH UNIT 12B
 JACKSONVILLE BEACH FL 32250**

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

**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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FROBENIUS, JOHN**
 CITY-ST-ZIP **1406 6TH AVE. NORTH
 ST. CLOUD MN 56303-0016**

TITLE ☐ Change ☒ Addition
 NAME **FINZEN, TERRY**
 STREET ADDRESS **640 Jackson Street**
 CITY-ST-ZIP **St. Paul, MN 55101-2595**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KERWIN, GEORGE**
 CITY-ST-ZIP **P.O. BOX 23400
 GREEN BAY WI 54305-3400**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LONG, STEPHEN**
 CITY-ST-ZIP **8511 WEST DODGE RD.
 OMAHA NE 68114**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MASON, CHARLES**
 CITY-ST-ZIP **2200 RANDALLIA DR.
 FT. WAYNE IN 46805**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BLAIR, JOHN**
 CITY-ST-ZIP **1550 N. WINCHESTER
 CHICAGO IL 60648-5205**

TITLE ☒ Change ☐ Addition
 NAME **BLAIR, JOHN**
 STREET ADDRESS **Change to: 704 Cherry Court**
 CITY-ST-ZIP **Itasca, Illinois 60143**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GERLOFF, GREG**
 CITY-ST-ZIP **P.O. BOX 6003
 GRAND FORKS ND 58201**

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2001

Date

904-244-9045(W)

Daytime Phone #

CR2E037 (10/00)