

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000043473**

1. Entity Name

SIGNATURE DENTAL PLAN OF FLORIDA, INC.**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90287 038 ***150.00

Principal Place of Business

**200 N MARTINGALE RD
SHAUMBURG IL 60173-2096**

Mailing Address

**200 N MARTINGALE RD
TAX DEPT.
SHAUMBURG IL 60173-2096**

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 **58-2484500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
MARINELLO, KATHRYN V
200 N. MARTINGALE RD
SCHAUMBURG IL 60173-2096** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVCF
BRANDT, MICHAEL J
200 N. MARTINGALE RD
SCHAUMBURG IL 60173-2096** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVSD
EUWEMA, JOHN B
200 N. MARTINGALE RD
SCHAUMBURG IL 60173-2096** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT/CFO
BRANDT, MICHAEL J.
200 N. MARTINGALE RD.
SCHAUMBURG IL 60173-2096** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT/SECRETARY/DIRECTOR
EUWEMA, JOHN B.
200 N. MARTINGALE RD.
SCHAUMBURG IL 60173-2096** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
PRIZZIA, GARY T.
6620 W. BROAD ST. 4TH FL.
RICHMOND VA 23230** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

Date

847-453-7390

Daytime Phone #

CR2E034 (10/00)