

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90093 035 \*\*\*150.00

**DOCUMENT # 696618**

1. Entity Name  
**PROGRAM UNDERWRITERS IV, INC.**

Principal Place of Business <b>3700 COCONUT CREEK PKWY          COCONUT CREEK FL 33066          US</b>	Mailing Address <b>3700 COCONUT CREEK PKWY          COCONUT CREEK FL 33066-1616          US</b>
---	--

2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE 200</b>	3. Mailing Address Suite, Apt. #, etc. <b>SUITE 200</b>
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2159317</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ZISSELMAN, ARNOLD          C/O PROGRAM UNDERWRITERS          3700 COCONUT CREEK PARKWAY - SUITE 200          COCONUT CREEK FL 33066</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: *Arnold Zisselmann* DATE: **4/6/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CST</b> <input type="checkbox"/> Delete <b>BUTO, FRANCES T</b> <b>4200 NW 101 DRIVE</b> <b>CORAL SPRINGS FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete C - Add D</b> <b>10975 N.W. 46 CT.</b> <b>PARKLAND, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>BUTO, DONNA M</b> <b>4200 NW 101 DRIVE</b> <b>CORAL SPRINGS FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11400 N.W. 56 DRIVE, APT. 104</b> <b>CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BUTO, STEPHEN</b> <b>11184 LAKE VIEW DRIVE</b> <b>CORAL SPRINGS FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Donna M. Buto* DATE: **4/6/00** (254) **928-1880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)