

2000 UNIFORM BUSINESS REPORT (UBR)

08980-1

DOCUMENT # F95000001909

1. Entity Name

CENTRAL FORT MYERS RESOURCES, INC.

FILED

00 MAY -9 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

C/O MEDICAL RESOURCES, INC
125 STATE ST. STE 200-LEGAL DEPT
HACKENSACK NJ 07601
US

C/O MEDICAL RESOURCES, INC
125 STATE ST. STE 200-LEGAL DEPT
HACKENSACK NJ 07601
US



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

65-0585569

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
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)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	MONTOPOLI, DUANE C	
STREET ADDRESS	125 STATE ST, STE 200	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	WHYNOT, GEOFFREY A	
STREET ADDRESS	125 STATE ST, STE 200	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DRUMGOOLE, MICHAEL J	
STREET ADDRESS	125 STATE ST, STE 200	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, CHRISTOPHER J	
STREET ADDRESS	125 STATE ST, STE 200	
CITY-ST-ZIP	HACKENSACK NJ 07601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOFFREY A. WHYNOT	
STREET ADDRESS	125 STATE STREET, STE 200	
CITY-ST-ZIP	HACKENSACK, NJ 07601	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER J. JOYCE	
STREET ADDRESS	125 STATE STREET, STE 200	
CITY-ST-ZIP	HACKENSACK, NJ 07601	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD H. ALLEN	
STREET ADDRESS	449-10th AVENUE WEST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID M. MCCABE	
STREET ADDRESS	125 STATE STREET	
CITY-ST-ZIP	HACKENSACK, NJ 07601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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3642.50 *158.75

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALD H. ALLEN

Date **4-26-00** Daytime Phone # **(222) 723-1800**

CR2 014191919