

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003862

1. Entity Name

CHARLOTTE RESOURCES, INC.

FILED

00 MAY -9 PM 1:08

Principal Place of Business

3358 TAMiami TR
PT CHARLOTTE FL 33952
US

Mailing Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

22-3525039

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

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, 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 ☒ Delete

NAME MONTOPOLI, DUANE C
STREET ADDRESS 125 STATE ST, STE 200
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE DP ☒ Change ☐ Addition

NAME GEOFFREY A. WHYNOT
STREET ADDRESS 125 STATE STREET, STE 200
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE VT ☒ Delete

NAME WHYNOT, GEOFFERY A
STREET ADDRESS 125 STATE ST, STE 200
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE DVS ☒ Change ☐ Addition

NAME CHRISTOPHER J. JOYCE
STREET ADDRESS 125 STATE STREET, STE 200
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE VS ☒ Delete

NAME JOYCE, CHRISTOPHER J
STREET ADDRESS 125 STATE ST, STE 200
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE V ☐ Change ☒ Addition

NAME GERALD H. ALLEN
STREET ADDRESS 449 - 10th AVENUE WEST
CITY-ST-ZIP PALMETTO, FL 34221

TITLE DP ☒ Delete

NAME DRUMGOOLE, MICHAEL J
STREET ADDRESS 125 STATE ST, STE 200
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE T ☐ Change ☒ Addition

NAME DAVID M. MCCABE
STREET ADDRESS 125 STATE STREET
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
300003243933-- 0
-05/09/00--01023--001
3642.50 *158.75

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD H. ALLEN

4-26-00 (727) 723-1800

Date

Daytime Phone #

CR2E034 (9/99)