

# 2000 UNIFORM BUSINESS REPORT (UBR)

0698078

**DOCUMENT # F97000003941**

1. Entity Name  
**CORAL WAY RESOURCES, INC.**

FILED

00 MAY -9 PH 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1757 CORAL WAY  
MIAMI FL 33135  
US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **22-3526230**  
Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTOPOLI, DUANE C</b> <b>125 STATE ST-STE 200</b> <b>HACKENSACK NJ 07601</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>WHYNOT, GEOFFREY A</b> <b>125 STATE ST-STE 200</b> <b>HACKENSACK NJ 07601</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>DRUMGOOLE, MICHAEL J</b> <b>125 STATE ST-STE 200</b> <b>HACKENSACK NJ 07601</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>JOYCE, CHRISTOPHER J</b> <b>125 STATE ST-STE 200</b> <b>HACKENSACK NJ 07601</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GEOFFREY A. WHYNOT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 STATE STREET, STE. 200</b> <b>HACKENSACK, NJ 07601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>CHRISTOPHER J. JOYCE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 STATE STREET</b> <b>HACKENSACK, NJ 07601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GERALD H. ALLEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>449 - 10th AVENUE WEST</b> <b>PALMETTO, FL 34221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAVID M. MCCABE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>125 STATE STREET</b> <b>HACKENSACK, NJ 07601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600003243936-0</b> <b>-05/09/00--01023--001</b> <b>***3642.50 ***158.75</b>
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GERALD H. ALLEN**

Date **4-26-00** Daytime Phone # **(727) 723-1800**

CFR 1034 (9/99)