

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004324

1. Entity Name

SARASOTA RESOURCES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90150 050 ***158.75

Principal Place of Business

1450 S TAMiami TR
SARASOTA FL 34239
US

Mailing Address

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

40030031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 22-3534797

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 V ☒ Delete
NAME ALLEN, GERALD H
STREET ADDRESS 449 10TH STREET WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE T ☐ Delete
NAME MCCABE, DAVID M
STREET ADDRESS 125 STATE STREET, STE. 200
CITY-ST-ZIP HACKENSACK NJ 07601

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

CHRISTOPHER J. JOYCE

Date

Daytime Phone #

4-19-01 (941) 721-4921

CR2E034 (10/00)