

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004325

1. Entity Name

BRADENTON RESOURCES, INC.

Principal Place of Business

410 FOURTH AVENUE EAST  
BRADENTON FL 34208  
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
C/O 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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, GERALD H	
STREET ADDRESS	449 - 10TH AVENUE	
CITY - ST - ZIP	PALMETTO FL 34221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHYNOT, GEOFFREY A	
STREET ADDRESS	125 STATE ST, STE 200	
CITY - ST - ZIP	HACKENSACK NJ 07601	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCABE, DAVID M	
STREET ADDRESS	125 STATE ST, STE 200	
CITY - ST - ZIP	HACKENSACK NH 07601	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JOYCE, CHRISTOPHER J	
STREET ADDRESS	125 STATE ST, STE 200	
CITY - ST - ZIP	HACKENSACK NH 07601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-19-01 (941) 721-4921

Daytime Phone #

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

04-26-2001 90149 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)