

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004326

1. Entity Name

VENICE RESOURCES, INC.

Principal Place of Business

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

Mailing Address

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

FILED

00 MAY -9 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 MEDICAL RESOURCES, INC.

Suite, Apt. #, etc.  
125 STATE STREET  
SUITE 200 - LEGAL DEPT

City & State  
HACKENSACK NJ

Zip Country  
07601 BERGEN

3. Mailing Address

40 MEDICAL RESOURCES, INC.

Suite, Apt. #, etc.  
125 STATE STREET  
SUITE 200 - LEGAL DEPT

City & State  
HACKENSACK NJ

Zip Country  
07601 BERGEN

4. FEI Number 22-3534796 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

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

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

4-26-00

Date

(727) 723-1800

Daytime Phone #

CR2E034-1999