

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F9800000 6061

1. Entity Name  
**Healthcare Staffing Resources, Inc.**  
 (formerly Academy Team, Inc.)

Principal Place of Business  
**California**

Mailing Address  
**105 W. Alameda, #230  
 Burbank, CA 91502**

2. Principal Place of Business  
**California**

3. Mailing Address  
**105 W. Alameda**

Suite, Apt. #, etc.  
**105 W. Alameda #230**

Suite, Apt. #, etc.  
**Suite 230**

City & State  
**Burbank, CA 91502**

City & State  
**Burbank CA**

Zip  
**91502**

Country  
**USA**

Country  
**USA**

**FILED**  
**00 MAY -1 PM 3:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**95-4704292**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**PARACORP**  
**236 EAST 6TH AVE.**  
**TALLAHASSEE, FL 32303**

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>President</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Jeffrey A. Evans</b>		NAME		
STREET ADDRESS	<b>105 W. Alameda Suite 230</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Burbank, CA 91502</b>		CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Matthew Johnston</b>		NAME		
STREET ADDRESS	<b>105 W. Alameda, Suite 230</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Burbank, CA 91502</b>		CITY-ST-ZIP		
TITLE	<b>Diane Prince</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CFO</b>		NAME		
STREET ADDRESS	<b>105 W. Alameda, Suite 230</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Burbank, CA 91502</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:**  **Jeffrey A. Evans, President** **4/26/00** **818-238-0332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 4/28/00 1:00

CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING AR

1.) Healthcare Staffing Resources, Inc.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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00 MAY -2 AM 10:24  
DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

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