

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006564

1. Entity Name

WEST BRADENTON RESOURCES, INC.

FILED

00 MAY -9 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6015 POINT WEST BLVD.
BRADENTON FL 34209

Mailing Address

% MEDICAL RESOURCES, INC. - LEGAL DEPT.
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

4. FEI Number

22-3622405

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

4-26-00 (727) 723-1800

Date

Daytime Phone #

CR :034 (9/99)