

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006564

1. Entity Name

WEST BRADENTON RESOURCES, INC.

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

04-26-2001 90150 007 ***158.75

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **22-3622405**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 re-issuing)

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 **440 10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VSD** ☐ Delete
NAME **JOYCE, CHRISTOPHER J**
STREET ADDRESS **125 STATE ST., 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 **T** ☐ Delete
NAME **MCCABE, DAVID M**
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
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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)(c), 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

4-19-01

Date

(940) 721-4921

Daytime Phone #

CR2E034 (10/00)