

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90047 014 \*\*\*150.00

**DOCUMENT # F99000001790**

1. Entity Name

**PRCNETCARE.COM, INC.**

Principal Place of Business

Mailing Address

% PRECISION RESPONSE CORPORATION  
1505 NW 167TH ST, 4TH FLOOR  
MIAMI FL 33169

% PRECISION RESPONSE CORPORATION  
1505 NW 167TH ST, 4TH FLOOR  
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

*8151 Peters Rd*

*8151 Peters Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*4000*

*4000*

City & State

City & State

*Plantation, FL*

*Plantation, FL*

Zip

Country

Zip

Country

*33324*

*U.S.A.*

*33324*

*U.S.A.*

4. FEI Number

**65-0906007**

Applied For

Not Applicable

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

**MONDRE, RICHARD D**  
**8151 PETERS ROAD**  
**SUITE 4000**  
**FORT LAUDERDALE FL 33-3324**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, MARK J</b>	
STREET ADDRESS	<b>1505 NW 167TH ST, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>EPSTEIN, DAVID L</b>	
STREET ADDRESS	<b>1505 NW 167TH ST, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>MONDRE, RICHARD D</b>	
STREET ADDRESS	<b>1505 NW 167TH ST, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERRY, RICHARD N JR</b>	
STREET ADDRESS	<b>1505 NW 167TH ST, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>VCFO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O'HARA, PAUL M</b>	
STREET ADDRESS	<b>1505 NW 167TH ST, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GILLIS, JOSEPH E</b>	
STREET ADDRESS	<b>1505 NW 167TH ST, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Epstein, David L.</b>	
STREET ADDRESS	<b>8151 Peters Rd. Ste. 4000</b>	
CITY-ST-ZIP	<b>Plantation, FL 33324</b>	
TITLE	<b>V.S.O.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mondre, Richard D.</b>	
STREET ADDRESS	<b>8151 Peters Rd. Ste. 4000</b>	
CITY-ST-ZIP	<b>Plantation, FL 33324</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'Brien, Wesley T.</b>	
STREET ADDRESS	<b>8151 Peters Rd. Ste. 4000</b>	
CITY-ST-ZIP	<b>Plantation, FL 33324</b>	
TITLE	<b>VCFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jennings, Thomas F.</b>	
STREET ADDRESS	<b>8151 Peters Rd. Ste. 4000</b>	
CITY-ST-ZIP	<b>Plantation, FL 33324</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gillis, Joseph E.</b>	
STREET ADDRESS	<b>8151 Peters Rd., Ste. 4000</b>	
CITY-ST-ZIP	<b>Plantation, FL 33324</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  
*Joseph E. Gillis, Treasurer*

Date

Daytime Phone #

*3/15/01*

*954-693-3840*

CR2E034 (10/00)