2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # J35673

1. Entity Name
HR-LOGIC CLUB STAFF, INC.

FILED

00 APR 25 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
43RD STREET WEST
Bradenton FL 34209

Mailing Address
402 43RD STREET WEST
BRADENTON FL 34209-2952

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
2621 VAN BUREN AVE.
Suite, Apt. #, etc.
City & State: NORRISTOWN PA
Zip: 19403
Country: USA

4. FEI Number: 59-2726758
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
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: FL
Zip Code

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
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

See attached

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PRESIDENT & CEO / DIRECTOR
NAME CRAIG P. COY
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE EXEC. V.P / DIRECTOR
NAME AVEN A. KERR
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE SECRETARY / DIRECTOR
NAME CHRISTINA D. HARRIS
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE TREASURER / DIRECTOR
NAME EDWIN A. NEUMANN
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

800003246078--6
-05/10/00--01012--006
****150.00 ****150.00

LS

I hereby 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 of the Florida Statutes; and that my name appears in Block 11 or Block 12 or is changed, added, or an attachment with the name, title, and address, with a fee, is attached.

SIGNATURE: EDWIN A. NEUMANN 4/5/2000 610-650-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

2082

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35673

1. Corporation Name
NOVACARE EMPLOYEE SERVICES CLUB STAFF, INC.

Principal Place of Business
402 43RD ST. WEST
BRADENTON FL 34209

Mailing Address
1016 W. 9TH AVENUE
KING OF PRUSSIA PA 19406
Attn: Legal Dept.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1986

4. FEI Number
59-2726758
Applied For
Not Applicable

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P ☐ DELETE	1.1 TITLE	P, D	☑ Change ☐ Addition
NAME	HULBER, LOREN	1.2 NAME		
STREET ADDRESS	2621 VAN BUREN AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORRISTOWN PA 19403	1.4 CITY-ST-ZIP		
TITLE	S ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BINSTEIN, RICHARD S	2.2 NAME		
STREET ADDRESS	2621 VAN BUREN AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORRISTOWN PA 19403	2.4 CITY-ST-ZIP		
TITLE	T ☐ DELETE	3.1 TITLE	T, D	☑ Change ☐ Addition
NAME	SCHUBERT, THOMAS D	3.2 NAME		
STREET ADDRESS	2621 VAN BUREN AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	NORRISTOWN PA 19403	3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	VP, D	☐ Change ☑ Addition
NAME		4.2 NAME	Sven A. Kerr	
STREET ADDRESS		4.3 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Norristown PA 19403	
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Richard S. Binstein 1/11/99 610/992-7200
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #