2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # J35673

FILED

00 APR 25 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

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

Principal Place of Business
43RD STREET WEST
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.
NORRISTOWN PA
19403 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
☐ Delete See attached	TITLE PRESIDENT & CEO / DIRECTOR ☐ Change ☐ Add NAME CRAIG P. COY STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete	TITLE EXEC. V.P / DIRECTOR ☐ Change ☐ Add NAME AVEN A. KERR STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete	TITLE SECRETARY / DIRECTOR ☐ Change ☐ Add NAME CHRISTINA D. HARRIS STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete	TITLE TREASURER / DIRECTOR ☐ Change ☐ Add NAME EDWIN A. NEUMANN STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete	TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP

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, Florida Statutes; and that my name appears in Block 11 or in Block 12 if changed, or on an attachment with an "X" in Block 12.

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

2062

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	Mailing Address
402 43RD ST. WEST BRADENTON FL 34209	1016 W. 9TH AVENUE KING OF PRUSSIA PA 19406 Attn: Legal Dept.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualifed: 09/26/1986

4. FEI Number: 59-2726758 ☐ Applied For ☐ Not Applicable

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

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

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