

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90091 031 \*\*\*150.00

**DOCUMENT # P93000069440**

1. Entity Name

**CATALINA HUMAN RESOURCES, INC.**

Principal Place of Business

Mailing Address

5300 W CYPRESS ST  
 STE 130  
 TAMPA FL 23360  
 US

5300 WCYPRESS ST  
 STE 130  
 TAMPA FL 33607  
 US

2. Principal Place of Business

*5300 W. CYPRESS ST.*

3. Mailing Address

Suite, Apt. #, etc.

*SUITE 130*

Suite, Apt. #, etc.

City & State

*TAMPA, FL*

Zip

*33607*

Country

*US*

Country

4. FEI Number

**59-3204260**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNAMARA, THOMAS P**  
**2909 BAY TO BAY BLVD**  
**STE 309**  
**TAMPA FL 33629**

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: **CEO**  Delete  
 NAME: **REED, DAVID H.**  
 STREET ADDRESS: **5300 W CYPRESS ST**  
 CITY-ST-ZIP: **TAMPA FL 33607**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **T**  Delete  
 NAME: **RESNICK, DEBORAH R**  
 STREET ADDRESS: **5300 W CYPRESS ST SUITE 130**  
 CITY-ST-ZIP: **TAMPA FL 33607**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **CD**  Delete  
 NAME: **ROSNICK, C**  
 STREET ADDRESS: **5300 W CYPRESS ST, STE 130**  
 CITY-ST-ZIP: **TAMPA FL 33607**

TITLE: **CD**  Change  Addition  
 NAME: **RESNICK, CHARLES**  
 STREET ADDRESS: **5300 W. CYPRESS ST., SUITE 130**  
 CITY-ST-ZIP: **TAMPA, FL 33607**

TITLE: **DVP**  Delete  
 NAME: **REED, C**  
 STREET ADDRESS: **5300 W CYPRESS ST, STE 130**  
 CITY-ST-ZIP: **TAMPA FL 33607**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
 NAME: **SCHLOSS, S**  
 STREET ADDRESS: **5300 W CYPRESS ST, STE 130**  
 CITY-ST-ZIP: **TAMPA FL 33607**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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: *David H. Reed*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *January 11, 2000*  
 Daytime Phone #: *(813) 289-6273*

CR2E034 (9/99)