

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90023 048 \*\*\*150.00

0625405

**DOCUMENT # P93000069440**

1. Entity Name

**CATALINA HUMAN RESOURCES, INC.**

Principal Place of Business

**5300 W CYPRESS ST  
 STE 130  
 TAMPA FL 33607  
 US**

Mailing Address

**5300 WCYPRESS ST  
 STE 130  
 TAMPA FL 33607  
 US**

A0053553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3204260**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE **CEO** ☒ Change ☐ Addition  
 NAME **ANNIS, JOHN**  
 STREET ADDRESS **5300 W. CYPRESS ST, SUITE 130**  
 CITY-ST-ZIP **TAMPA, FL 33607**

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

TITLE **CHIEF OPERATING OFFICER** ☒ Change ☒ Addition  
 NAME **RESNICK, DEBORAH R.**  
 STREET ADDRESS **5300 W. CYPRESS ST, SUITE 130**  
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **CD** ☐ Delete  
 NAME **RESNICK, CHARLES**  
 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 **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:

*Deborah R. Resnick* **Chief Operating Officer** 11/01/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DEBORAH R. RESNICK Date 813-289-6223

CR2E034 (10/00)