

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90051 040 ***150.00

DOCUMENT # P97000015322

1. Entity Name

THE CATALINA GROUP, INC.

Principal Place of Business

Mailing Address

1833 HENDRY ST
 FT MYERS FL 33901
 US

1833 HENDRY ST
 FT MYERS FL 33901-3054
 US

612111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2655 LeJeune Rd

2655 LeJeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 511

Suite 511

City & State

City & State

CORAL GABLES

CORAL GABLES

4. FEI Number

65-0822134

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

DADE

33134

DADG

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

GARNER, JAMES F III
 1833 HENDRY ST
 FORT MYERS FL 33901

Name

JAMES F. GARNER

Street Address (P.O. Box Number is Not Acceptable)

12800 UNIVERSITY DRING Suite 600

City

FT MYERS

FL

Zip Code

33907

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

JAMES F. GARNER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

James F. Garner

1/27/2000

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	PD	<input type="checkbox"/> Delete
NAME	VOGEL, CATHLEEN C	
STREET ADDRESS	1833 HENDRY ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHILDS, ESTHER R	
STREET ADDRESS	1833 HENDRY-ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	VOGEL, CATHLEEN C.	
STREET ADDRESS	2655 LeJeune Rd # 511	
CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE	Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	CHILDS, ESTHER R	
STREET ADDRESS	12800 UNIVERSITY DR. # 600	
CITY-ST-ZIP	Ft. Myers, Fl. 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathleen C. Vogel* Cathleen C. Vogel 1/31/00 (305) 460-6855
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #