

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 1833 HENDRY ST FT MYERS FL 33901 US	Mailing Address 1833 HENDRY ST FT MYERS FL 33901-3054 US
--	---

612111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2655 LeJeune Rd Suite, Apt. #, etc. Suite 511 City & State CORAL GABLES Zip 33134 Country DADE	3. Mailing Address 2655 LeJeune Rd Suite, Apt. #, etc. Suite 511 City & State CORAL GABLES Zip 33134 Country DADG
--	--

4. FEI Number 65-0822134	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARNER, JAMES F III
1833 HENDRY ST
FORT MYERS FL 33901

7. Name and Address of New Registered Agent
 Name
JAMES F. GARNER
 Street Address (P.O. Box Number is Not Acceptable)
12800 UNIVERSITY DRIVE 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** (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable
James F. Garner
 DATE **1/27/2000**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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