

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90264 032 \*\*\*158.75

**DOCUMENT # P97000015322**

1. Entity Name  
**THE CATALINA GROUP, INC.**

Principal Place of Business

Mailing Address

2655 LAJUENE RD  
 SUITE 511  
 CORAL GABLES FL 33134  
 US

2655 LAJUENE RD  
 SUITE 511  
 CORAL GABLES FL 33134  
 US

2. Principal Place of Business

3. Mailing Address

**2600 ALATKA ST.**

**2600 ALATKA ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLA**

City & State

**MIAMI, FLA**

4. FEI Number **65-0822134**

Applied For

Not Applicable

Zip

Country

**33133 USA**

Zip

Country

**33133 USA**

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~~  
 12800 UNIVERSITY DAVID, SUITE 600  
 FORT MYERS FL 33907

Name **Garner, James F III**

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

**4415 Metro Parkway**

City **Ft. Myers**

FL

Zip Code **33916**

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 **P**  Delete  
 NAME **VOGEL, CATHLEEN C**  
 STREET ADDRESS **2655 LE JEUNE RD., #511**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PRESIDENT**  Change  Addition  
 NAME **VOGEL, CATHLEEN C.**  
 STREET ADDRESS **2600 ALATKA ST.**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33133**

TITLE **ST**  Delete  
 NAME **CHILDS, ESTHER R**  
 STREET ADDRESS **12800 UNIVERSITY DR. #600**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathleen C. Vogel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)