

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016334

1. Entity Name

HEALTHCARE RESOURCE STAFFING ASSOCIATES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90034 006 ***150.00

Principal Place of Business

7491 CONROY ROAD
SUITE L
ORLANDO FL 32835

Mailing Address

7491 CONROY ROAD
SUITE L
ORLANDO FL 32789-2351

2. Principal Place of Business

1155 Louisiana Ave.
Suite, Apt. #, etc.
Ste. 206

3. Mailing Address

1155 Louisiana Ave.
Suite, Apt. #, etc.
Ste. 206

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3494143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDALL, KIMBERLY D
7491 CONROY ROAD
SUITE L
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

1155 Louisiana Ave.
Ste. 206

City

Winter Park

FL

Zip Code

32789

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RANDALL, KIMBERLY D	
STREET ADDRESS	7491 CONROY ROAD STE L	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVELY, SARA J	
STREET ADDRESS	7491 CONROY ROAD STE L	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRERI, MARY K	
STREET ADDRESS	7491 CONROY ROAD STE L	
CITY-ST-ZIP	ORLANDO FL 32835	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1155 Louisiana Ave #206	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1155 Louisiana Ave. #206	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1155 Louisiana Ave. #206	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kimberly D. Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407.740.6661

CR2E034 (9/99)