

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G78625

1. Entity Name

EAGLE HOLDING, INC.

Principal Place of Business

1451 CHANNELSIDE DRIVE  
TAMPA FL 33605

Mailing Address

PO BOX 75305  
TAMPA FL 33675

2. Principal Place of Business

122 East 42nd Street

Suite, Apt. #, etc.  
Suite 1116

City & State  
New York, NY

Zip  
10168

Country  
USA

3. Mailing Address

122 East 42nd Street

Suite, Apt. #, etc.  
Suite 1116

City & State  
New York, NY

Zip  
10168

Country  
USA

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90038 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2440980

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLINER, NATHANIEL L.  
ONE HARBOUR PLACE, FIFTH FLOOR  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTSD  
FRIEDMAN, FREDERICK M.  
122 EAST 42ND STREET  
NEW YORK, NY. 10168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CDP  
FIELDS, DOUGLAS P.  
122 EAST 42ND STREET  
NEW YORK NY 10168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)