

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90491 037 ***150.00

061772 AT

DOCUMENT # G78625

1. Entity Name
EAGLE HOLDING, INC.



Principal Place of Business
**122 EAST 42ND STREET
SUITE ~~1118~~ 1618
NEW YORK NY 10168**

Mailing Address
**122 EAST 42ND STREET
SUITE ~~1118~~ 1618
NEW YORK NY 10168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1618

Suite, Apt. #, etc.
1618

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2440980**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTSD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, FREDERICK M.	
STREET ADDRESS	122 EAST 42ND STREET	
CITY-ST-ZIP	NEW YORK, NY. 10168	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	FIELDS, DOUGLAS P.	
STREET ADDRESS	122 EAST 42ND STREET	
CITY-ST-ZIP	NEW YORK NY 10168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

(212) 972-1570

Date

Daytime Phone #

CR2E034 (10/02)