

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90118 040 ***150.00

DOCUMENT # F20617

1. Entity Name

ELI'S ENTERPRISES OF OSCEOLA, INC.

Principal Place of Business

Mailing Address

5917 CHEASPEAKE PK.
ORLANDO FL 32819

5917 CHEASPEAKE PK.
ORLANDO FL 32819

*9101 PHILLIPS CROWE TERR.
ORLANDO FL 32836*

*9101 PHILLIPS CROWE TERR.
ORLANDO FL 32836*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2065136**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FASSIE, ELI S
5917 CHESAPEAKE PARK
ORLANDO FL 32819

Name

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

City

FL

Zip Code

*9101 PHILLIPS CROWE TERR.
ORLANDO FL 32836*

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	PT	<input type="checkbox"/> Delete
NAME	SFASSIE, ELI	
STREET ADDRESS	5917 CHEASPEAKE PK <i>9101 PHILLIPS CROWE TERR.</i>	
CITY-ST-ZIP	ORLANDO FL <i>ORLANDO FL 32836</i>	
TITLE	S	<input type="checkbox"/> Delete
NAME	SFASSIE, MYRA	
STREET ADDRESS	5917 CHEASPEAKE PK <i>9101 PHILLIPS CROWE TERR.</i>	
CITY-ST-ZIP	ORLANDO FL <i>ORLANDO FL 32836</i>	
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

ELI S FASSIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15 2001 407-239-6031

0074496

CR2E034 (10/00)