

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 22, 2001 8:00 am
Secretary of State

04-19-2001 90073 011 ***150.00

DOCUMENT # P00000020286

1. Entity Name

FORCON HOLDING COMPANY

Principal Place of Business

Mailing Address

1216 OAKFIELD DRIVE
 BRANDON FL 33511

1216 OAKFIELD DRIVE
 BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3704471

Applied For

Not Applicable

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

**GIORDANO, JOHN N
 220 SOUTH FRANKLIN ST
 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.

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	PRESIDENT	☐ Delete
NAME	MICHAEL J. SUGAR, JR.	
STREET ADDRESS	1216 OAKFIELD DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VICE-PRESIDENT	☐ Delete
NAME	WILLIAM H. VER ECKE	
STREET ADDRESS	1534 DUNWOODY VILLAGE PKWY.	
CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	TREASURER	☐ Delete
NAME	DAVID L. SYERS	
STREET ADDRESS	30 TOWER LANE	
CITY-ST-ZIP	AVON, CT 06001	
TITLE	SECRETARY	☐ Delete
NAME	CAMPEGIA SUGAR VAN CALCAR	
STREET ADDRESS	1216 OAKFIELD DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/12/01

Date

813-684-9666

Daytime Phone #

CR2E034 (10/00)