

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY 18 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043071

1. Entity Name **Fisher Island Development Corp.**  
**c/o Dr. Massimo Bagni**  
**Studio Fasol Bagni Bosco Via Giberti, 7**  
**Verona, IT 37122**

Principal Place of Business

Mailing Address

**Studio Fasol Bagni Bosco**  
**Via Giberti, 7**  
**Verona, IT 37122**

**Studio Fasol Bagni Bosco**  
**Via Giberti, 7**  
**Verona, IT 37122**

2. Principal Place of Business

**Studio Fasol Bagni Bosco**

Suite, Apt. #, etc.

**Commerialisti Associati**

City & State

**Via Dominutti 20**

Zip

Country

**37135 Verona, ITALY**

3. Mailing Address

**Studio Fasol Bagni Bosco**

Suite, Apt. #, etc.

**Commerialisti Associati**

City & State

**Via Dominutti 20**

Zip

Country

**37135 Verona, ITALY**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**98-0163672**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**F & L Corp.**  
**200 Laura Street**  
**Jacksonville, FL 32202**

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, 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 **PTD** ☐ Delete  
NAME **Buzzi, Giampaolo**  
STREET ADDRESS **Via Giberti, 7**  
CITY-ST-ZIP **Verona, IT 37122**

TITLE **VD** ☐ Delete  
NAME **Caldogno, Francesco**  
STREET ADDRESS **Via Giberti, 7**  
CITY-ST-ZIP **Verona, IT 37122**

TITLE **SD** ☐ Delete  
NAME **Angeli, Cesare**  
STREET ADDRESS **Via Giberti, 7**  
CITY-ST-ZIP **Verona, IT 37122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **500003267265--6**  
STREET ADDRESS **-05/25/00--01097--013**  
CITY-ST-ZIP **\*\*\*\*558.75 \*\*\*\*558.75**

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

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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 SIGNING OFFICER OR DIRECTOR

**Giampaolo Buzzi**

5/17/00

Date

(407) 423-7656

Daytime Phone #

CR2E034 (9/99)