

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000010164

1. Entity Name

ZEPPIERI ASSOCIATES, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90191 046 ***150.00

Principal Place of Business

3035 W. NEW HAVEN AVE
MELBOURNE FL 32904

Mailing Address

3035 W. NEW HAVEN AVE
MELBOURNE FL 32904

0 4 0 4 0 0

2. Principal Place of Business

2955 W. New Haven Ave.

3. Mailing Address

2955 W. New Haven Ave.

Suite, Apt. #, etc.

dba The Roman Restaurant

Suite, Apt. #, etc.

City & State

Melbourne

City & State

Fl.

4. FEI Number

59-3496095

Applied For

Not Applicable

Zip
32904

Country

Brevard

Zip
32904

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE FL 32901

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D ZEPPIERI, ELIO 2508 S. DIPLOMAT DRIVE MELBOURNE FL 32901	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D ZEPPIERI, GIORGIO 2508 S. DIPLOMAT DRIVE MELBOURNE FL 32901	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D ZEPPIERI, ANGELA 2508 S. DIPLOMAT DRIVE MELBOURNE FL 32901	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D ZEPPIERI, MARISA 2508 S. DIPLOMAT DRIVE MELBOURNE FL 32901	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marisa Zeppleri* - Sec. Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 321-727-1220

Date

Daytime Phone #

0077980

CR2E034 (10/00)