

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028745

1. Entity Name

FEP HOLDING COMPANY, INC.

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

02-08-2001 90026 027 \*\*\*150.00

Principal Place of Business

8844 NORTH FLORIDA AVENUE  
TAMPA FL 33604

Mailing Address

8844 NORTH FLORIDA AVENUE  
TAMPA FL 33604

2. Principal Place of Business

104 E. Fowler Ave

Suite, Apt. #, etc.

Suite 201

City & State

Tampa, FL

Zip

33612

Country

3. Mailing Address

104 E. Fowler Ave.

Suite, Apt. #, etc.

Suite 201

City & State

Tampa, FL

Zip

33612

Country

4. FEI Number

59-3503293

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

CALDERAZZO, WILLIAM  
8844 N. FLORIDA AVE  
TAMPA FL 33604

Name

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

104 E. Fowler Ave

Suite 201

City

Tampa,

FL

Zip Code  
33612

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 NAME	D CALDERAZZO, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	POST OFFICE BOX 272880	
CITY-ST-ZIP	TAMPA FL 33688	
TITLE NAME	D KILL, JAMES F	<input type="checkbox"/> Delete
STREET ADDRESS	8840 N. FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	104 E. Fowler Ave. Suite 201
CITY-ST-ZIP	Tampa, FL 33612
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 SIGNING OFFICER OR DIRECTOR

WILLIAM CALDERAZZO

Date

1/28/01

Daytime Phone #

813 933 2439

CR2E034 (10/00)