

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052055

1. Entity Name

FOSTER-FELL HOLDINGS INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90004 037 ***150.00

Principal Place of Business

Mailing Address

2600 WESTERN PARKWAY
ORLANDO FL 32803

2600 WESTERN PARKWAY
ORLANDO FL 32803-1642

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

59-3580442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HEYWORTH-DAVIS, SIMON J
2600 WESTERN PARKWAY
ORLANDO FL 32803

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	C.F.O.	<input type="checkbox"/> Delete
NAME	SIMON J. HEYWORTH-DAVIS	
STREET ADDRESS	2600 WESTERN PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	C.E.O.	<input type="checkbox"/> Delete
NAME	JEREMY FOSTER-FELL	
STREET ADDRESS	206 LOOKOUT DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.F.O. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON J. HEYWORTH-DAVIS	
STREET ADDRESS	2600 WESTERN PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	CEO P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEREMY FOSTER-FELL	
STREET ADDRESS	206 LOOKOUT DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 SIGNING OFFICER OR DIRECTOR

March 20, 2000

Date

407-896-2880

Daytime Phone #