

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90045 002 ***150.00

00039850



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000058620

1. Entity Name
FC HOLDING CORPORATION

Principal Place of Business 1400 E OAKLAND PARK BLVD. SUITE 100 FT LAUDERDALE FL 33334	Mailing Address 1400 E OAKLAND PARK BLVD. SUITE 100 FT LAUDERDALE FL 33334-4400
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2. Principal Place of Business Two Prestige Place Suite, Apt. #, etc. 2650 McCormick Drive Suite 185 Clearwater, FL	3. Mailing Address Two Prestige Place Suite, Apt. #, etc. 2650 McCormick Drive Suite 185 Clearwater, FL	4. FEI Number 65-0931173	Applied For <input type="checkbox"/> Not Applicable
Zip 33759	Country U.S.A.	Zip 33759	Country U.S.A.

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

HANEY, R REID
101 E KENNEDY BLVD, SUITE 4100
TAMPA FL 33602

Name
Derri Davisson
 Street Address (P.O. Box Number is Not Acceptable)
2650 McCormick Drive, Suite 185
 City
Clearwater **FL** Zip Code
33759

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 *Derri Davisson*
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, ROBERT 2518 NW 64TH BLVD BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Derri Davisson 2650 McCormick Drive, Suite 185 Clearwater, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director J. Stephen Miller 2650 McCormick Drive, Suite 185 Clearwater, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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
Derri Davisson

Date

Daytime Phone #

041900

727-791-6510 X19