

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004120

1. Entity Name
U.S. FIBER, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90009 034 ***550.00

Principal Place of Business

809 W HILL ST
CHARLOTTE NC 28211

Mailing Address

809 W HILL ST
CHARLOTTE NC 28211

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

~~56-2028373~~
56-2026037

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VPD	<input checked="" type="checkbox"/> Delete
NAME	GARRETT, PAUL A	
STREET ADDRESS	809 W HILL ST	
CITY-ST-ZIP	CHARLOTTE NC 28208	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VINCELLI, ALFRED J	
STREET ADDRESS	905 E MLK JR DR STE 400	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	NOONAN, BRIAN J	
STREET ADDRESS	809 W HILL ST	
CITY-ST-ZIP	CHARLOTTE NC 28208	
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	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN W. CASELLA	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND, VT 05701	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS R. CASELLA	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND, VT 05701	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W. BOHLIG	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND, VT 05701	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY S. CIFOR	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND, VT 05701	
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

JERRY S. CIFOR
TREASURER

8/2/00

802-775-1325

CR2E034 (5/00)

Attachment

DOC#:

F970000004120

A0672337

P.O. Box 866
Rutland, Vermont 05702
(802) 775-0325

casella
waste systems, inc.

August 7, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: UBR

Dear Sir/Madam:

Enclosed please find for filing the 2000 UBR for US Fiber, Inc., as well as a check in the amount of \$550.00 to cover the cost for same.

If you have any questions, please do not hesitate to call.

Sincerely,

Mary Mullin

Enclosures