

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814294

1. Entity Name

TAMAMI BASKET CENTER, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90096 026 ***150.00

Principal Place of Business

Mailing Address

PO BOX 710
PUTNEY VT 05346
US

COSTELLO & MABIE
PO BOX 483, 11 PUTNEY RD
BRATTLEBORO VT 05302-0483

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

03-0211496

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

BERG, SKIP
1872 S. TAMAMI TRAIL SUITE D
VENICE FL 34293

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
D
OBUCHOWSKI, MICHAEL
STREET ADDRESS
72 ATKINSON ST.
CITY-ST-ZIP
BELLOWS FALLS VT

TITLE ☐ Delete

NAME
PTD
WILSON, GREGORY D
STREET ADDRESS
RIVER ROAD
CITY-ST-ZIP
PUTNEY VT

TITLE ☐ Delete

NAME
S
COSTELLO, THOMAS W
STREET ADDRESS
51 PUTNEY RD Putney Road
CITY-ST-ZIP
BRATTLEBORO VT 05301

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas W. Costello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

802-257-5533

Daytime Phone #

CR2E034 (9/99)