

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814294

1. Entity Name  
TAMIAMI BASKET CENTER, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90135 016 \*\*\*150.00

Principal Place of Business

Mailing Address

*Thomas W. Costello*

PO BOX 710  
PUTNEY VT 05346  
US

~~COSTELLO & MADIE~~  
PO BOX 483 1/2 PUTNEY RD  
BRATTLEBORO VT 05302

*51 Putney Rd*



2. Principal Place of Business

3. Mailing Address

Thomas W. Costello, P.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 483, 51 Putney Road

City & State

City & State

Brattleboro, Vermont

4. FEI Number 03-0211496

Applied For

Not Applicable

Zip

Country

Zip

Country

05301

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

BERG, SKIP  
1872 S. TAMIAMI 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, 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	D	<input type="checkbox"/> Delete
NAME	OBUCHOWSKI, MICHAEL	
STREET ADDRESS	72 ATKINSON ST.	
CITY-ST-ZIP	BELLOWS FALLS VT	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	WILSON, GREGORY D	
STREET ADDRESS	RIVER ROAD	
CITY-ST-ZIP	PUTNEY VT	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSTELLO, THOMAS W	
STREET ADDRESS	51 PUTNEY ROAD	
CITY-ST-ZIP	BRATTLEBORO VT 05301	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Thomas W Costello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

802-257-5533

Date

Daytime Phone #

CR2E034 (10/00)