

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L49957**

1. Entity Name

EBBCO, INC.

Principal Place of Business

Mailing Address

**1500 CYPRESS CREEK RD WEST
SUITE 419
FT LAUDERDALE FL 33309
US**

**1500 CYPRESS CREEK RD WEST
#419
FT LAUDERDALE FL 33309-1851
US**

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

65-0181605

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

**BASILICI, EUGENE B
3401 NW 71ST ST
COCONUT CREEK FL 33073**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BASILICI, EUGENE B
1500 CYPRESS CREEK RD WEST #419
FT LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
BASILICI, TAREJE L
3401 NW 71ST ST
COCONUT CREEK FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.T
BASILICI, TAREJE L.
6646 NW 1 ST.
MARGATE FL 33063** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAREIRA, JOY-
1055 AUDUBON DR
LAKELAND FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RUGGIERO, JOY
110 N. CORTEZ DR. C1
MARGATE, FL 33068** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

EUGENE B. BASILICI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00
Date

(954) 776-4167
Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90146 017 ***150.00

C0063984



DO NOT WRITE IN THIS SPACE