

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 08:00 AM  
Secretary of State

DOCUMENT # P97000054260

1. Entity Name  
THOMAS A. VISCONSI REAL ESTATE, INC.

Principal Place of Business  
350 S COUNTY RD #201  
PALM BEACH FL 33480

Mailing Address  
PO BOX 2079  
PALM BEACH FL 33480

2. Principal Place of Business  
777 SOUTH FLAGLER DRIVE

3. Mailing Address

Suite, Apt. #, etc.  
WEST TOWER SUITE 800

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH FL

City & State

Zip  
33401

Country

Zip

Country

4. FEI Number  
65-0762829

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

VISCONSI THOMAS AJR  
107 VILLA CIRCLE

ATLANTIS FL 33462 US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE 04/09/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE P  
NAME VISCONSI THOMAS A ☐ Delete  
STREET ADDRESS 107 VILLA CIRCLE  
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME VISCONSI THOMAS AJR  
STREET ADDRESS 107 VILLA CIRCLE  
CITY-ST-ZIP ATLANTIS FL 33462

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

TITLE ☐ Change ☐ Addition  
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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 A. VISCONSI, JR.

PRES 04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)