

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045883

1. Entity Name

THE GIFTED BASKET, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90090 021 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2421 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401~~

~~2421 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401-8011~~

2. Principal Place of Business

3. Mailing Address

605 Belvedere Rd.

605 Belvedere Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#14

#14

City & State

City & State

W. Palm Beach, FL.

W. Palm Beach

4. FEI Number

65-0925079

Applied For

Not Applicable

Zip

Country

Zip

Country

33405

USA

FL.

USA

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

CHERRY, RICHARD G  
1665 PALM BEACH LAKES BLVD SUITE 600  
WEST PALM BEACH FL 33401

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  
CAROL VOLINO, Pres.  
605 Belvedere Rd #14  
W.P.B., FL. 33405 & Treasurer

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HEATHER LUTTIER, V.P.  
605 Belvedere Rd, #14 & Sec'y.  
WPB, FL. 33405

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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

4/18/00

Daytime Phone #

561-833-2320

CR2E034 (9/99)