

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763503

1. Entity Name

BASS & SUN CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90067 020 ****61.25

Principal Place of Business

Mailing Address

500 N FRANCISCO STREET
 CLEWISTON FL 33440

500 N FRANCISCO STREET
 CLEWISTON FL 33440-2297

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2194193

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HENDRY, JODY M.
 606 W. SUGARLAND HWY.
 CLEWISTON FL 33440

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

4-11-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME CASTELLANOS, GAIL
 STREET ADDRESS 500 N. FRANCISCO ST.
 CITY-ST-ZIP CLEWISTON FL

TITLE ☒ Change ☐ Addition
 NAME Carlos Black
 STREET ADDRESS 500 N. FRANCISCO #133
 CITY-ST-ZIP Clewiston, FL 33440

TITLE TD ☒ Delete
 NAME COFFMAN, STEVE
 STREET ADDRESS 500 N. FRANCISCO ST.
 CITY-ST-ZIP CLEWISTON FL

TITLE ☒ Change ☐ Addition
 NAME Jim Brice
 STREET ADDRESS 500 N. FRANCISCO
 CITY-ST-ZIP Clewiston, FL 33440

TITLE D ☒ Delete
 NAME WISHER, DAN
 STREET ADDRESS 500 N FRANCISCO ST
 CITY-ST-ZIP CLEWISTON FL

TITLE ☒ Change ☐ Addition
 NAME GRAY ABEL
 STREET ADDRESS 500 N FRANCISCO ST
 CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Paul Graham
 STREET ADDRESS 500 N. FRANCISCO #114
 CITY-ST-ZIP Clewiston, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
 NAME Delgado Benozm
 STREET ADDRESS 500 N FRANCISCO ST
 CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Bob Gaston
 STREET ADDRESS 500 N FRANCISCO ST
 CITY-ST-ZIP Clewiston, FL 33440

12. 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 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 agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2000 949833131

CR2E037 (9/99)