2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State
01-18-2001 90030 033 ****61.25

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DOCUMENT # 763503

1. Entity Name

BASS & SUN CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 N FRANCISCO STREET CLEWISTON FL 33440	500 N FRANCISCO STREET CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

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 59-2194193 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLACK, CARLOS 500 N FRANCISCO #133 CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRICE, JIM 500 N. FRANCISCO ST. CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP #140	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ABEL, GRAY 500 N FRANCISCO ST CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP #122	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEAHAM, PAUL 500 N FRANICSCO #114 CLEWISTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP GRAHAM,	☒ Change ☐ Addition Spelling
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENOZA, DELGADO 500 N FRANCISCO ST CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP #231	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASTON, BOB 500 N FRANCISCO ST CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP #239	☐ Change ☒ Addition

CR2E037 (10/00)

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 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 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: X Caroline Black 1/8/01 (863) 983-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #