

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**  
 03-07-2001 90604 023 \*\*\*150.00

**DOCUMENT # 447101**

1. Entity Name  
**BASS ENTERPRISES, INC.**

Principal Place of Business

**3521 PINETREE RD  
 ORLANDO FL 32804  
 US**

Mailing Address

**3521 PINETREE RD  
 ORLANDO FL 32804  
 US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 547875**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, Fl.**

4. FEI Number **59-1533076**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32854**

**US**

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

**GREATWOOD, DIANE BASS  
 3521 PINETREE RD. 3521 Pinetree Rd  
 ORLANDO FL 32804 Orlando Fl. 32804**

Name **Diane Bass Greatwood**

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 \_\_\_\_\_ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **GREATWOOD, DIANE BASS**  
 STREET ADDRESS **3521 PINETREE RD.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition  
 NAME **P.O. Box 547875**  
 STREET ADDRESS **Orlando, Fl. 32854**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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: **Diane Bass Greatwood**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Diane Bass Greatwood**

**3-3-01**  
 Date

**407-426-7707**  
 Daytime Phone #

CR2E034 (10/00)