

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645863

1. Entity Name

BASSETT BOAT COMPANY OF FLORIDA

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

01-19-2000 90097 031 ***150.00

Principal Place of Business

Mailing Address

700 S FEDERAL HIGHWAY
POMPANO BEACH FL 33062

700 S FEDERAL HIGHWAY
POMPANO BEACH FL 33062-5908

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

59-1957467

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD ☐ Delete
NAME BASSETT, RICHARD
STREET ADDRESS 1617 S.E. 15TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☐ Delete
NAME BASSETT, NORMA
STREET ADDRESS 121 WEST STREET
CITY-ST-ZIP SPRINGFIELD MASS

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

TITLE DVP ☐ Delete
NAME MCGILL, WILLIAM H JR
STREET ADDRESS 700 S FEDERAL HWY
CITY-ST-ZIP POMPANO BCH FL

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

TITLE VP ☐ Delete
NAME DAVIS, DEBBIE
STREET ADDRESS 700 S FEDERAL HWY
CITY-ST-ZIP POMPANO BCH FL

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

TITLE VPSA ☐ Delete
NAME MCLAMB, MICHAEL H
STREET ADDRESS 700 S FEDERAL HWY
CITY-ST-ZIP POMPANO BCH FL

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

TITLE AS ☒ Delete
NAME BAHR, LESLIE
STREET ADDRESS 700 S FEDERAL HWY
CITY-ST-ZIP POMPANO BCH FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)