

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90191 050 ****61.25

DOCUMENT # 765680

1. Entity Name

BASS CAPITAL SHRINE CLUB HOLDING CORPORATION



Principal Place of Business

SHRINE CLUB ROAD
P.O. BOX 241
CRESCENT CITY FL 32112

Mailing Address

P.O. BOX 241
CRESCENT CITY FL 32112

90010351



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2201964**

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

**LORD, ERNEST
339 BUFFALO RD
SATSUMA FL 32189**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PRINGLE, ROBERT**
STREET ADDRESS **STAR RT 2, BOX 479**
CITY-ST-ZIP **SATSUMA FL 32112**

TITLE Change Addition
NAME **NOEL COREY**
STREET ADDRESS **1915 WESTOVER DR.**
CITY-ST-ZIP **ALASKA FL 32177**

TITLE Delete
NAME **LORD, ERNEST**
STREET ADDRESS **STAR RT 1, BOX 642R**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **BARRON, HOMER**
STREET ADDRESS **PO BOX 243**
CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE Change Addition
NAME **RAY ROFFLER**
STREET ADDRESS **149 WATERWAY AVE**
CITY-ST-ZIP **SAN MATEO FL 32187**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ernest Lord* SIGNATURE REQUIRED

1/13/03

386649.5096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)