

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2201964**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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** **1/13/03** **386649.5096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #