

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A25974

1. Entity Name
BASS PARTNERSHIP, LTD.

Principal Place of Business
**549 GOLDEN ARM ROAD
DELTONA FL 32738**

Mailing Address
**549 GOLDEN ARM ROAD
DELTONA FL 32738**

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

FILED

01 MAR 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2953984** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLANEY, SABAH P
549 GOLDEN ARM ROAD
DELTONA, FL FL 32738**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	BLANEY, SABAH P 549 GOLDEN ARM ROAD DELTONA FL	STREET ADDRESS		
NAME				
CITY-ST-ZIP				
DOCUMENT #	NACKASHA, SAIB P 19 PRINCE ALBERT RD, REGENTS PARK LONDON, NW1 7ST UK	STREET ADDRESS		
NAME				
CITY-ST-ZIP				
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Sabah P. Blaney* **3/22/01** **407-574,9085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)