

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000002225**

1. Entity Name

BASS & HIGGINBOTHAM, LTD.

FILED

01 MAY -1 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5510 SW 41ST BLVD., STE. 102 GAINESVILLE FL 32608	Mailing Address 5510 SW 41ST BLVD., STE. 102 GAINESVILLE FL 32608
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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 59-3417687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, EDDIE J
5510 SW 41ST BLVD., STE. 102
GAINESVILLE FL 32608

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	
NAME	HIGGINBOTHAM, EDDIE J
STREET ADDRESS	5510 SW 41ST BLVD., STE. 102
CITY-ST-ZIP	GAINESVILLE FL 32608
DOCUMENT #	
NAME	BASS, ROY F
STREET ADDRESS	5510 SW 41ST BLVD., STE. 102
CITY-ST-ZIP	GAINESVILLE FL 32608
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	400004220624--9
CITY-ST-ZIP	-05/16/01--01109--010
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **4-27-01** **352-376-0071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)