

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91885 039 \*\*\*150.00

0598869  
FP

**DOCUMENT # F95000000399**

1. Entity Name  
**OPERATION BASS, INC.**



Principal Place of Business  
**88 MOORS ROAD  
GILBERTSVILLE KY 42044  
US**

Mailing Address  
**2900 IDS CENTER  
80 SOUTH 80TH ST.  
MINNEAPOLIS MN 55402  
US**

2. Principal Place of Business

3. Mailing Address

**30 GRABLE LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BENTON, KY**

Zip

Country

Zip

Country

**42025**

**USA**

4. FEI Number

**61-0988879**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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. 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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SAYNER, BRIAN  
88 MOORS RD  
GILBERTSVILLE KY 42044** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KUDELKA, CHRISTINE C  
2900 IDS CTR. 80 SOUTH 80TH ST.  
MINNEAPOLIS MN 55402** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BOAZ, SETH T  
88 MOORE RD  
GILBERTSVILLE KY 42044** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JACOBS, TRISHA L  
2900 IDS CTR. 80 SOUTH 80TH ST.  
MINNEAPOLIS MN 55402** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
JACOBS, IRWIN L  
2900 IDS CTR. 80 SOUTH 80TH ST.  
MINNEAPOLIS MN 55402** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
MAHLER, DAVID A  
2900 IDS CTR. 80 SOUTH 80TH ST.  
MINNEAPOLIS MN 55402** ☐ Delete

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

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 607, 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:

**SIGNATURE OF F. J. MAHLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**

Date

**612-339-9500**

Daytime Phone #

CR2E034 (10/02)