

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000421

1. Entity Name
BASS RIVER INVESTMENT TRUST, LLC

Principal Place of Business
18523 SE SEA OAKS LN
TEQUESTA FL 33469

Mailing Address
18523 SE SEA OAKS LN
TEQUESTA FL 33469-1409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0761372

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, ROBERT B
11911 US HWY ONE
SUITE 210
NORTH PALM BEACH FL 33408

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MEM STARKEY, LOUISA H
STREET ADDRESS 18523 SE SEA OAKS LN
CITY-ST-ZIP TEQUESTA FL 33469

TITLE NAME ☐ Change ☐ Addition
MEM STARKEY, CRAIG D
STREET ADDRESS 823 NICOMA TRAIL
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Delete
MEM STARKEY, CRAIG D
STREET ADDRESS 823 NICOMA TRAIL
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Change ☐ Addition
200003249462--5
-05/11/00--01124--022
*****50.00 *****50.00

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00

Date

361-747-4953

Daytime Phone #

CR2E083 (9/99)