

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-15-2001 90081 029 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003345

1. Entity Name

HARRIS CHAIN BASSMASTERS, INCORPORATED



Principal Place of Business

**16710 BEAUCLAIRE CT.
TAVARES FL 32778**

Mailing Address

**16710 BEAUCLAIRE CT.
TAVARES FL 32778**

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

59-3606397

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

**OSTERHOLT, RICK
16710 BEAUCLAIRE CT.
TAVARES FL 32778**

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 re-stating)

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **OSTERHOLT, RICK**
STREET ADDRESS **16710 BEAUCLAIRE CT.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Delete
NAME **GROVESTEN, MIKE**
STREET ADDRESS **705 N. HICKORY AVE.**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE ☐ Delete
NAME **CARROLL, DON**
STREET ADDRESS **16331 OAK ST.**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Delete
NAME **PICKARD, JOHN**
STREET ADDRESS **P.O. BOX 819**
CITY-ST-ZIP **SORRENTO FL 32776**

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

TITLE ☒ Change ☐ Addition
NAME **Vice President**
NAME **Anthony Roberts**
STREET ADDRESS **1240 Lakeview Dr.**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
NAME **AJ Willequer**
STREET ADDRESS **116 Magnolia Ln.**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
NAME **Michael Price**
STREET ADDRESS **1866 Stafford Springs Blvd.**
CITY-ST-ZIP **Mt. Dora, FL 32757**

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: *Michael Price* **Michael Price**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2001

Date

352-357-1112

Daytime Phone #

CR2E037 (10/00)