

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90291 014 \*\*\*\*61.25

**DOCUMENT # N11274**

1. Entity Name

**BASS ANGLERS SOCIETY OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 21171  
 SARASOTA FL 34276

C/O BETTY GAINES  
 101 JACOBS LN.  
 SARASOTA FL 34240-9126

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

**59-2656875**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKENS, DAVID C**  
**4980 GEORGE AVE**  
**SARASOTA FL 34233**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  Delete  
 NAME: MATTHEWS, JIM  
 STREET ADDRESS: 9706 28TH ST EAST  
 CITY-ST-ZIP: MYAKKA CITY FL 34251

TITLE: PD  Change  Addition  
 NAME: GARY GAINES  
 STREET ADDRESS: 101 JACOBS LN  
 CITY-ST-ZIP: SARASOTA FL 34240

TITLE: V  Delete  
 NAME: GAINES, GARY  
 STREET ADDRESS: 101 JACOBS LN  
 CITY-ST-ZIP: SARASOTA FL 34240

TITLE: V  Change  Addition  
 NAME: MIKE O'KEEFE  
 STREET ADDRESS: 3203 ELMER ST  
 CITY-ST-ZIP: SARASOTA FL 34233

TITLE: SD  Delete  
 NAME: O'KEEFE, BEV  
 STREET ADDRESS: 3203 ELMER ST  
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE:  Change  Addition

TITLE: T  Delete  
 NAME: GAINES, BETTY  
 STREET ADDRESS: 101 JACOBS LANE  
 CITY-ST-ZIP: SARASOTA FL

TITLE:  Change  Addition

TITLE: D  Delete  
 NAME: COLUMBUS, JEFF  
 STREET ADDRESS: 5927 BROWN LN  
 CITY-ST-ZIP: SARASOTA FL 34232

TITLE: D  Change  Addition  
 NAME: JAMES BURKE  
 STREET ADDRESS: 7447 N LEECHMAN DR  
 CITY-ST-ZIP: SARASOTA FL 34240

TITLE:  Delete

TITLE:  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 reports 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (94) 377-2656  
 Date Daytime Phone #

CR2E037 (9/99)