

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0076361

DOCUMENT # N11274

1. Entity Name

BASS ANGLERS SOCIETY OF SARASOTA, INC.

03-05-2001 90367 042 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 21171
 SARASOTA FL 34276

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2656875

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 GAINES, GARY
 STREET ADDRESS 101 JACOBS LN
 CITY-ST-ZIP SARASOTA FL 34240

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

TITLE V ☐ Delete
 NAME O'KEEFE, MIKE
 STREET ADDRESS 3203 ELMER ST
 CITY-ST-ZIP SARASOTA FL 34231

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

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

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

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

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

TITLE D ☒ Delete
 NAME BURKE, JAMES
 STREET ADDRESS 7447 N LEEWYAN DR
 CITY-ST-ZIP SARASOTA FL 34240

TITLE D ☐ Change ☒ Addition
 NAME JEFF Columbus
 STREET ADDRESS 7505 Verna Bethany Rd
 CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
 NAME STEVE SMILEY
 STREET ADDRESS 3530 24th PKWY
 CITY-ST-ZIP SARASOTA FL 34235

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:

Betty Gaines
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-907-9036

CR2E037 (10/00)