

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS.

FILED

00 MAY -3 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15228

1. Corporation Name

COLLIER COUNTY BASSMASTERS, INC.

Principal Place of Business

2840 66 ST SW
NAPLES FL 33999
US

Mailing Address

2840 66 ST SW
NAPLES FL 33999
US



REINSTATEMENT

918

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country
25

2a. Mailing Address

26 PO Box 65
Suite, Apt. #, etc.

27 City & State

28 Felda, FL
29 33930 30 USA

3. Date Incorporated or Qualified

06/03/1986
4. FEI Number
59-2494868

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BERLIN, LEN
2840 66TH ST SW
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name James D. Bass
82 Street Address (P.O. Box Number is Not Acceptable) Use PO BOX
130 Willis Rd FOR MAILING
83 PO Box 65
84 City Felda FL 85 Zip Code 33930

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James D. Bass

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-00

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME GLASS, JAMES L
STREET ADDRESS 103 DORAL CIRCLE
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ DELETE
NAME BASS, JAMES
STREET ADDRESS P.O. BOX 65 NA
CITY-ST-ZIP FELDA FL

TITLE V ☒ DELETE
NAME BERLIN, LEN
STREET ADDRESS 2840 66TH ST SW
CITY-ST-ZIP NAPLES FL

TITLE SD ☐ DELETE
NAME WEINCEK, STEVE
STREET ADDRESS 8012 CYPRESS DR N
CITY-ST-ZIP FT MYERS FL

TITLE PD ☒ DELETE
NAME ASHBACHER, JIM
STREET ADDRESS 5378 WARREN ST
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME DEAN HEASLEY
1.3 STREET ADDRESS 708 BRIDGEWOOD BLVD
1.4 CITY-ST-ZIP NAPLES, FL 34104

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 100003263001-3
2.3 STREET ADDRESS -05/23/00--01037--001
2.4 CITY-ST-ZIP ****297.50 ****297.50

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME JIM SANDERS
3.3 STREET ADDRESS PO BOX 5103
3.4 CITY-ST-ZIP IMMOKALEE, FL 34143

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME THOMAS W. THACHER
5.3 STREET ADDRESS 348 WATERLEAF CT
5.4 CITY-ST-ZIP MARCO ISLAND FL 34145

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME KE
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James D. Bass* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

841-675-2239

Daytime Phone #

CF2E037 (5/99)