

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90400 008 ****61.25

DOCUMENT # N15228

1. Entity Name

COLLIER COUNTY BASSMASTERS, INC.

Principal Place of Business

2840 66 ST SW
 NAPLES FL 33999
 US

Mailing Address

P.O. BOX 65
 FELDA FL 33930

2. Principal Place of Business

3. Mailing Address

470 22nd ST NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

4. FEI Number

59-2494868

Applied For

Not Applicable

Zip

Country

Zip

Country

34120

USA

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

BASS, JAMES D
 130 WILLIS RCH RD
 PO BOX 65
 FELDA FL 33930

Name
 David A Smith

Street Address (P.O. Box Number is Not Acceptable)

470 22nd ST NE

City
 Naples

FL

Zip Code
 34120

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]

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

(NOTE: Registered Agent signature required when reinstating)

5-1-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HEASLEY, DEAN 708 BRAIRWOOD BLVD. NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASS, JAMES P O BOX 65 NA FELDA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, JIM P.O. BOX 5103 IMMOKALEE FL 34143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINCEK, STEVE 8012 CYPRESS DR N FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THACHER, THOMAS W 348 WATERLEAF CT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Smith 470 22nd ST NE NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Chris Passmore 2440 52nd AVE Naples, FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Thacher, Thomas W 348 Waterleaf CT MARCO Island FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-01

CR2E037 (10/00)

Attachment
Doc # N15228
7/6/29



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 31, 2001

COLLIER COUNTY BASSMASTERS, INC.
470 22ND ST NE
NAPLES, FL 34120

Subject: **COLLIER COUNTY BASSMASTERS, INC.**

Reference: ~~N15228~~
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SB
ANNUAL REPORTS SECTION