

<b>DOCUMENT # N28153</b>	
1. Entity Name	
<b>BASS BRANCH HUNTING CLUB, INC.</b>	

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90018 012 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O KENNETH A. BORN, JR. 6951 SPRINGHILL RD MILTON FL 32570 US	C/O KENNETH A. BORN, JR. 6951 SPRINGHILL RD MILTON FL 32570 US

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	Applied For
<b>59-2951620</b>	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BORN, KENNETH A. JR. 6951 SPRINGHILL RD MILTON FL 32570

7. Name and Address of New Registered Agent
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	BORN, KENNETH A. JR.	NAME	
STREET ADDRESS	RT. 6 BOX 270D	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	LOHR, DARWIN E.	NAME	
STREET ADDRESS	RT. 6 BOX 270C	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	BORN, PATRICIA L.	NAME	
STREET ADDRESS	RT. 6 BOX 270D	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LOHR, TOM	NAME	
STREET ADDRESS	203 SHORELINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BAILEY, TODD	NAME	
STREET ADDRESS	7151 PINE BLOSSOM DR	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RICKMAN, JASON	NAME	
STREET ADDRESS	3351 SILKWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	PACE FL	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: Kenneth A. Born, Jr. 1-4-2001 850-968-2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)