

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90181 004 \*\*\*150.00

00025497



DO NOT WRITE IN THIS SPACE

DOCUMENT # P07611

1. Entity Name

SID R. BASS, INC.

Principal Place of Business

Mailing Address

2300 FIRST CITY BANK TOWER  
201 MAIN STREET  
FT. WORTH TX 76102

2300 FIRST CITY BANK TOWER  
201 MAIN STREET  
FT. WORTH TX 76102-3105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2026351

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, SID R.	
STREET ADDRESS	201 MAIN STREET	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	COTHAM, W. ROBERT	
STREET ADDRESS	201 MAIN STREET	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEDARY, WILLIAM H.	
STREET ADDRESS	201 MAIN STREET	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	REESE, GARY W.	
STREET ADDRESS	201 MAIN STREET	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, JR., DEE J.	
STREET ADDRESS	201 MAIN STREET	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERLING, PETER	
STREET ADDRESS	201 MAIN STREET	
CITY-ST-ZIP	FT. WORTH TX	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Robert Cotham Vice Pres.

Daytime Phone #

2/10/00 817-390-8400

CR2E034 (9/99)