

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90007 028 \*\*\*150.00

**DOCUMENT # P07611**

1. Entity Name

**SID R. BASS, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**201 MAIN STREET**

3. Mailing Address

**201 MAIN STREET**

Suite, Apt. #, etc.

**SUITE 2300**

Suite, Apt. #, etc.

**SUITE 2300**

City & State

**FORT WORTH, TX**

City & State

**FORT WORTH, TX**

Zip

**76102**

Country

**USA**

Zip

**76102**

Country

**USA**

4. FEI Number

**75-2026351**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

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

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BASS, SID R. 201 MAIN STREET FT. WORTH TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COTHAM, W. ROBERT 201 MAIN STREET FT. WORTH TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HENRY, STEWART L 201 MAIN STREET FORT WORTH TX 76102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T REESE, GARY W. 201 MAIN STREET FT. WORTH TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KELLY, JR., DEE J. 201 MAIN STREET FT. WORTH TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STERLING, PETER 201 MAIN STREET FT. WORTH TX</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED**

Certified Article Number

**W. ROBERT COTHAM VICE PRESIDENT**

817-390-8400

Daytime Phone #

CR2E034 (9/01)