

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90119 024 ***150.00

DOCUMENT # P07611

1. Entity Name
SID R. BASS, INC.



Principal Place of Business
**201 MAIN STREET
SUITE 2300
FT. WORTH TX 76102
US**

Mailing Address
**201 MAIN STREET
SUITE 2300
FT. WORTH TX 76102
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 **75-2026351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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	HENRY, STEWART L	
STREET ADDRESS	201 MAIN STREET	
CITY-ST-ZIP	FORT WORTH TX 76102	
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		
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NAME		
STREET ADDRESS		
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 607, 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 REQUIRED

1-30-03

817-390-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W. ROBERT COTHAM VICE PRSIDENT**

Daytime Phone #

CR2E034 (10/02)