2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021007

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90056 025 ***150.00

1. Entity Name

BASS-CARLTON SOD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 420067 KISSIMMEE FL 34742-0067	P.O. BOX 420067 KISSIMMEE FL 34742-0067

DO NOT WRITE IN THIS SPACE

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 59-3365036 ☐ Applied For ☐ Not Applicable

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
SIMPSON, NATHAN B 100 NORTH TAMPA STREET SUITE 2700 TAMPA FL 33602	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD HARRIS, LISA R ~~4404 RHODE ROAD~~ ~~OKEECHOBEE FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD Harris, Lisa R. 3554 Friars Cove Road St. Cloud, Fl 34772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROHDE, EDWIN H JR ~~807 NEPTUNE ROAD~~ ~~KISSIMMEE FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROHDE, Edwin H. JR 4402 ROHDE ROAD Okeechobee, Florida 34972	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROHDE, EDWIN H III 3600 LAKE TOHOPEKALIGA ROAD ST CLOUD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROHDE, JOHN D 115 THREE CROSS DRIVE OKEECHOBEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROHDE, NATHAN L 4400 RHODE ROAD OKEECHOBEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROHDE, NATHAN L 4400 ROHDE ROAD OKEECHOBEE, Fl 34972	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Lisa R. Harris JOINED Lisa R. Harris 4/10/00 407-892-7135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #