

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085088

1. Entity Name

BIG BASIN INVESTMENT GROUP, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 13 PM 1:38

Principal Place of Business

2348 SUNSET POINT ROAD  
CLEARWATER FL 34625

Mailing Address

~~2348 SUNSET POINT ROAD~~  
~~CLEARWATER FL 34625~~  
**Griffin**  
**PO Box 399**  
**Odessa, FL 33556 9399**

2. Principal Place of Business

~~139~~  
Suite, Apt. #, etc.

3. Mailing Address

~~13926 Lynmar Blvd~~  
Suite, Apt. #, etc.

PO Box 399

City & State  
Odessa FL

Zip  
33556  
33556 9399

Country  
USA

REINSTATEMENT

4. FEI Number 59-3416665

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PEACOCK, RAY  
2348 SUNSET POINT ROAD  
CLEARWATER FL 34625

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	CRITCHLOW, RAY	
STREET ADDRESS	7423 BALLENTINE	
CITY-ST-ZIP	SHAWNEE KS 66203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MODRCIN, KATHY	
STREET ADDRESS	13007 W. 116 ST.	
CITY-ST-ZIP	OVERLAND PARK KS 66210	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRITCHLOW, DONNA	
STREET ADDRESS	7423 BALLENTINE	
CITY-ST-ZIP	SHAWNEE KS 66203	
TITLE	T	<input type="checkbox"/> Delete
NAME	MODRCIN, BOB	
STREET ADDRESS	13007 W. 116 ST.	
CITY-ST-ZIP	OVERLAND PARK KS 66210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700003484037--4
CITY-ST-ZIP	-12/04/00--01022--004
	***750.00 ***750.00
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
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**

Date

Daytime Phone #

CR2E034 (5/00)