

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

0402134

DOCUMENT # P97000069267

1. Entity Name

**BIG BASS LODGE, INC.**

06-08-2001 90005 009 \*\*\*150.00

**554100**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O SUNSHINE TAG AGENCY  
 6807 STATE ROAD 70 EAST  
 BRADENTON FL 34203

C/O SUNSHINE TAG AGENCY  
 6807 STATE ROAD 70 EAST  
 BRADENTON FL 34203

2. Principal Place of Business

3. Mailing Address

**10395 MARINA LN**

**10395 MARINA LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MOORE HAVEN, FL**

City & State

**MOORE HAVEN, FL**

4. FEI Number

**65-0773547**

Applied For

Not Applicable

Zip

Country

**33471**

**USA**

Zip

Country

**33471**

**USA**

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

**GIGLIOTTI, NICK**  
**C/O SUNSHINE TAG AGENCY**  
**6807 STATE ROAD 70 EAST**  
**BRADENTON FL 34203**

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!**  
**After MAY 1, 2001 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	DP	<input type="checkbox"/> Delete
NAME	<b>RISTER, DAVID B</b>	
STREET ADDRESS	<b>10395 MARINA LANE ROAD 10</b>	
CITY-ST-ZIP	<b>LAKEPORT FL 33471</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>RISTER, NANCY A</b>	
STREET ADDRESS	<b>10395 MARINA LAKE ROAD 10</b>	
CITY-ST-ZIP	<b>LAKEPORT FL 33471</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>GIGLIOTTI, MARY LOU</b>	
STREET ADDRESS	<b>704 67TH STREET, N.W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 empowerers.

SIGNATURE: *David B Rister* **DAVID B RISTER** **PRESIDENT** **5-30-01** **863 946 1707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)