2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9900054047** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** THE BIG BASS BOAT RIVER CRUISES, INC. 03-03-2000 90021 007 ***150.00 Principal Place of Business Mailing Address 4788 N. US 1 4788 N. US 1 FT. PIERCE FL 34946-6438 FT. PIERCE FL 34946 3. Mailing Address 2. Principal Place of Business P.O. Box 2549 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0927616 Fort Pierce, Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34954 U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BASS, R. DALE Street Address (P.O. Box Number is Not Acceptable) 8686 ANDREWS AVE. FT. PIERCE FL 34934 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. P **K** Addition Change ☐ Delete TITLE R. Dale Bass NAME NAME STREET ADDRESS STREET ADDRESS 8686 Andrews Ave CITY-ST-ZIP CITY-ST-ZIP 34954 Fort Pierce, FL Addition TITLE ☐ Delete TITLE ☐ Change S NAME NAME Dianna Bass STREET ADDRESS STREET ADDRESS 8686 Andrews Ave CITY-ST-ZIP" CITY-ST-ZIP 34954 Fort Pierce, FL ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

n address, with all other like mpowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment y

SIGNATURE:

(561) 461-6669

Daytime Phone #

1/31/00

Dianna Bass