

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90135 032 \*\*\*150.00

**DOCUMENT # 219251**  
 1. Entity Name  
**BASSETT BROTHERS, INC.**

Principal Place of Business      Mailing Address  
**3 MILES E. OF MONTICELLO ON HWY. 146**      **PO BOX 561**  
**ROUTE 2, BOX 17A**      **MONTICELLO FL 32345-0561**  
**MONTICELLO FL 32344**

2. Principal Place of Business      3. Mailing Address  
**U.S. 90 EAST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
~~MONTICELLO, FL~~  
 City & State      City & State  
**MONTICELLO FL**

Zip      Country      Zip      Country  
**32345**      **JEFFERSON**

  
 DO NOT WRITE IN THIS SPACE  
 4. FEI Number      Applied For  
**59-6078501**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BASSETT, W W III**  
**HWY 146 RTE 2 BOX 17A**  
**MONTICELLO FL 32344**

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      *W.W. Bassett III*      **W.W. BASSETT, III**      **4-27-2000**  
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.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input type="checkbox"/> Delete <b>TRAWICK, LUCY B</b> <b>324 N SUNSET CIR</b> <b>GULF BREEZE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>CSAR, MARY B</b> <b>801 SW 16TH ST</b> <b>BOCA RATON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GOSSELIN, CAROLYN B</b> <b>1825 BISCAYNE DR</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>BASSETT, WILMER W. III</b> <b>RT 2 BOX 17-A</b> <b>MONTICELLO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:      *W.W. Bassett III*      **W.W. BASSETT, III**      **4-27-2000**      **850-997-3608**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)