

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90202 045 ****61.25

DOCUMENT # 763282

1. Entity Name

SEBRING BRIDGE CLUB, INC.

Principal Place of Business

Mailing Address

**347 FERNLEAF AVE
 SEBRING FL 33870-3610**

**347 FERNLEAF AVE
 SEBRING FL 33870-3610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2188159

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

**KILLEEN, BETTE
 1711 PALM ST.
 SEBRING FL 33870**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **REINBOLT, LESTER**
 STREET ADDRESS **1440 GOLFSIDE DR.**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** Change Addition
 NAME **Reinbolt, Lester**
 STREET ADDRESS **1440 Golfside Dr.**
 CITY-ST-ZIP **Sebring, FL 33870**

TITLE **D** Delete
 NAME **HARPER, ELIZABETH**
 STREET ADDRESS **4308 MEDINA WAY**
 CITY-ST-ZIP **SEBRING, FL 00000**

TITLE **SD** Change Addition
 NAME **Duncan, Caroline**
 STREET ADDRESS **1707 Divot Lane**
 CITY-ST-ZIP **Sebring, FL 33872**

TITLE **VPD** Delete
 NAME **SICKINGER, PATRICIA**
 STREET ADDRESS **5209 DIAMOND DR**
 CITY-ST-ZIP **SEBRING, FL 00000**

TITLE **PD** Change Addition
 NAME **Sickinger, Patricia**
 STREET ADDRESS **5200 Diamond Dr.**
 CITY-ST-ZIP **Sebring, FL 33872**

TITLE **PD** Delete
 NAME **ASBURY, MARGARET**
 STREET ADDRESS **317 OAK KNOLL CIRCLE**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **V** Change Addition
 NAME **High, Margaret**
 STREET ADDRESS **3005 Ashley Oaks Lane**
 CITY-ST-ZIP **Sebring, FL 33872**

TITLE **TD** Delete
 NAME **KILLEEN, BETTE**
 STREET ADDRESS **1711 PALM ST.**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **TD** Change Addition
 NAME **Killeen, Bette**
 STREET ADDRESS **1711 Palm St.**
 CITY-ST-ZIP **Sebring, FL 33870**

TITLE **M** Delete
 NAME **REBEC, TOM**
 STREET ADDRESS **3214 WYNSTONE COURT**
 CITY-ST-ZIP **SEBRING FL**

TITLE **M** Change Addition
 NAME **Rebec, Thomas**
 STREET ADDRESS **3214 Wynstone Ct.**
 CITY-ST-ZIP **Sebring, FL 33872**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
REBEC, TOM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

Date

863-3F2-1269

Daytime Phone #

CR2E037 (9/99)