

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90027 038 ****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

4. FEI Number

58-2188159

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

Bette Killeen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/02

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

TITLE **SB** Change Addition
 NAME **Margaret Asbury**
 STREET ADDRESS **317 Oak Knoll Cr.**
 CITY-ST-ZIP **Sebring FL 33870**

TITLE **SD** Delete
 NAME **DUNCAN, CAROLINE**
 STREET ADDRESS **1702 DIVOT LANE**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** Change Addition
 NAME **Fran Kurk**
 STREET ADDRESS **3034 Wynstone Dr**
 CITY-ST-ZIP **Sebring, FL 33870**

TITLE **PD** Delete
 NAME **SICKINGER, PATRICIA**
 STREET ADDRESS **5209 DIAMOND DR**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **HIGH, MARGARET**
 STREET ADDRESS **3005 ASHLEY OAKS LANE**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **REBEC, TOM**
 STREET ADDRESS **3214 WYNSTONE COURT**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Bette Killeen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-382-1269

CR2E037 (9/01)