


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90153 007 ****61.25

DOCUMENT # 763282

1. Entity Name
SEBRING BRIDGE CLUB, INC.



Principal Place of Business Mailing Address
347 FERNLEAF AVE **347 FERNLEAF AVE**
SEBRING FL 33870-3610 **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

4. FEI Number **58-2188159** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KILLEEN, BETTE
1711 PALM ST.
SEBRING FL 33870

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REINBOLT, LESTER	
STREET ADDRESS	1440 GOLFSIDE DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ASBURY, MARGARET	
STREET ADDRESS	317 OAK KNOLL CR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SICKINGER, PATRICIA	
STREET ADDRESS	5209 DIAMOND DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	V	<input type="checkbox"/> Delete
NAME	HIGH, MARGARET	
STREET ADDRESS	3005 ASHLEY OAKS LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KILLEEN, BETTE	
STREET ADDRESS	1711 PALM ST.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	M	<input type="checkbox"/> Delete
NAME	REBEC, TOM	
STREET ADDRESS	3214 WYNSTONE COURT	
CITY-ST-ZIP	SEBRING FL 33872	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fran Kurk	
STREET ADDRESS	3034 Wynstone Dr.	
CITY-ST-ZIP	Sebring, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REBEC 1/25/03 863-382-1269

CR2E037 (10/02)