

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90237 028 ****61.25

DOCUMENT # N50274

1. Entity Name

BRIDGES OF AMERICA, THE ORLANDO BRIDGE, INC.

Principal Place of Business

2055 MERCY DR
 ORLANDO FL 32808
 US

Mailing Address

2055 MERCY DR
 ORLANDO FL 32808
 US

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2013044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTANTINO, FRANK
2055 MERCY DR
ORLANDO FL 32808-5629

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

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

TITLE **D** Delete
 NAME **COSTANTINO, FRANK**
 STREET ADDRESS **5519 BAYSIDE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** Delete
 NAME **MCMURTRY, GRADY**
 STREET ADDRESS **4698 HALL RD**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** Delete
 NAME **POITRAS, EDWARD W**
 STREET ADDRESS **27 LAKE HAMILTON BEACH**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** Delete
 NAME **HARRISON, BEN**
 STREET ADDRESS **P.O. BOX 279**
 CITY-ST-ZIP **BRYSON CITY NC 28713**

TITLE **D** Delete
 NAME **BROWN, DON**
 STREET ADDRESS **6325 WHIP-O-WILL LANE**
 CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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:

Signature
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)