

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93599 036 \*\*\*\*61.25  
 09-19-2002 90159 008 \*\*\*\*61.25

**DOCUMENT # N93000000891**

1. Entity Name  
**BRIDGES OF AMERICA - THE SANFORD BRIDGE, INC.**

Principal Place of Business	Mailing Address
2055 MERCY DR ORLANDO FL 32808-5629 US	2055 MERCY DR ORLANDO FL 32808-5629 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>500 South Holly Ave</b>	3. Mailing Address <b>2011 Mercy Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sanford FL</b>	City & State <b>Orlando FL</b>	4. FEI Number <b>59-3201301</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32771</b>	Country <b>USA</b>	Zip <b>32808</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>COSTANTINO, FRANK</b>		Name	
2055 MERCY DR		Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32808-5629		City <b>FL</b>	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>COSTANTINO, FRANK</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5519 BAYSIDE DRIVE</b>	NAME	
STREET ADDRESS	<b>ORLANDO FL 32819</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>MCMURTY, GRADY</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4698 HALL RD.</b>	NAME	
STREET ADDRESS	<b>ORLANDO FL 32817</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>BROWN, DON</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6325 WHIP-O-WILL LANE</b>	NAME	
STREET ADDRESS	<b>ST. CLOUD FL 34771</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>HARRISON, BEN</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>15835 HIGHWAY 50</b>	NAME	
STREET ADDRESS	<b>CLERMONT FL 34711</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>POITRAS, EDWARD W</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. BOX 279</b>	NAME	
STREET ADDRESS	<b>BRYSON CITY NC 28713</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Don Costantino**  
**SIGNATURE REQUIRED**

CR2E037 (4/02)