

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

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90077 011 ****61.25

DOCUMENT # N93000000891

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



Principal Place of Business

**500 SOUTH HOLLY AVE
SANFORD FL 32771
US**

Mailing Address

**2011 MERCY DRIVE
ORLANDO FL 32808
US**

2. Principal Place of Business

3. Mailing Address

2011 Mercy Drive

2011 Mercy Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number **59-3201301**

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTANTINO, FRANK
2055 MERCY DR
ORLANDO FL 32808-5629**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	COSTANTINO, FRANK	5519 BAYSIDE DRIVE	ORLANDO FL 32819	<input type="checkbox"/>
D	MCMURTY, GRADY	4698 HALL RD.	ORLANDO FL 32817	<input type="checkbox"/>
D	BROWN, DON	6325 WHIP-O-WILL LANE	ST. CLOUD FL 34771	<input type="checkbox"/>
D	HARRISON, BEN	15835 HIGHWAY 50	CLERMONT FL 34711	<input type="checkbox"/>
D	POITRAS, EDWARD W	P.O. BOX 279	BRYSON CITY NC 28713	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Costantino, Frank	2011 Mercy Drive	Orlando, FL 32808	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Harrison, Ben	P.O. Box 279	Bryson City, NC 28713	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Poitras, Edward w.	27 Lake Hamilton Beach	Haines City, FL 33844	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Lori Costantino-Brown	2011 Mercy Drive	Orlando, FL 32808	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Don Brown*

1/31/03

CR2E037 (10/02)