

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

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

02-11-2003 90132 001 \*\*\*183.75

**DOCUMENT # N94000002415**

1. Entity Name  
**BRIDGES OF AMERICA, INC.**



Principal Place of Business

**2011 MERCY DRIVE  
ORLANDO FL 32808  
US**

Mailing Address

**2011 MERCY DRIVE  
ORLANDO FL 32808  
US**

**33000846**



2. Principal Place of Business

**2011 Mercy Drive**

Suite, Apt. #, etc.

3. Mailing Address

**2011 Mercy Drive**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number **59-3266020**

Applied For  
Not Applicable

Zip  
**32808**

Country  
**USA**

Zip  
**32808**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**COSTANTINO, FRANK  
2055 MERCY DRIVE  
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. 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COSTANINO, FRANK</b>	
STREET ADDRESS	<b>5519 BAYSIDE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCMURTRY, GRADY</b>	
STREET ADDRESS	<b>4698 HALL RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POITRAS, EDWARD W</b>	
STREET ADDRESS	<b>27 LAKE HAMILTON BEACH</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, BEN</b>	
STREET ADDRESS	<b>P O BOX 279</b>	
CITY-ST-ZIP	<b>BRYSON CITY NC 28713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DON</b>	
STREET ADDRESS	<b>6325 WHIP-O-WILL LANE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL 34771</b>	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Costantino, Frank</b>	
STREET ADDRESS	<b>2011 Mercy Drive</b>	
CITY-ST-ZIP	<b>Orlando, FL 32808</b>	
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		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lori Costantino-Brown</b>	
STREET ADDRESS	<b>2011 Mercy Drive</b>	
CITY-ST-ZIP	<b>Orlando, FL 32808</b>	

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: **Lori Costantino-Brown**

**1/31/03**

CR2E037 (10/02)