


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

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

02-11-2003 90077 010 \*\*\*\*61.25

**DOCUMENT # N96000001344**

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



Principal Place of Business  
**1735 MLK JR S ST  
SAINT PETERSBURG FL 33705**

Mailing Address  
**2011 MERCY DRIVE  
ORLANDO FL 32808**

2. Principal Place of Business  
**2011 Mercy Drive**

Suite, Apt. #, etc.

3. Mailing Address  
**2011 Mercy Drive**

Suite, Apt. #, etc.

City & State  
**Orlando, FL**


Zip  
**32808**

Country  
**USA**

City & State  
**Orlando, FL**

Zip  
**32808**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3366721**

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. 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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: LORICOSTANTINO-BROWN **1/31/03**

CR2E037 (10/02)