

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90111 031 ***150.00

DOCUMENT # 579816

1. Entity Name

NORMANDY ISLE BRIDGE CLUB, INC.

Principal Place of Business

Mailing Address

**1440 KENNEDY CAUSEWAY
MIAMI BEACH FL 33141****1440 KENNEDY CAUSEWAY
MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1835852

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARON, RICHARD
11077 BISCAYNE BLVD
MIAMI FL 33161**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☐ Delete
NAME **REACH, JOAN**
STREET ADDRESS **19312 NE 25TH AVE #173**
CITY-ST-ZIP **MIAMI BEACH FL**TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **PMO SEAMON-HOLSON, JANICE L**
STREET ADDRESS **333-6 IVES DAIRY RD**
CITY-ST-ZIP **MIAMI FL 33179**TITLE ☐ Change ☒ Addition
NAME **BELLATIONS**
STREET ADDRESS **500 BAYVIEW DR UNIT # 730**
CITY-ST-ZIP **NMB, FL 33160**TITLE ☐ Delete
NAME **VPD KING, GEORGETTE**
STREET ADDRESS **5648 COLLINS**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD BARKER, AUDREY**
STREET ADDRESS **4000 TOWERIDGE TERR, APT 2107**
CITY-ST-ZIP **MIAMI FL 33138**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)