

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L23095

1. Entity Name

REBECCA RIVERS BRIDGE, INC. ✓

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90020 037 \*\*\*550.00

Principal Place of Business

8535 BAYMEADOWS RD  
60  
JACKSONVILLE FL 32256  
US

Mailing Address

9022 DEERCRESS CT  
JACKSONVILLE FL 32256  
US

2. Principal Place of Business

9022 Deercress Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

Jax. FL

City & State

4. FEI Number

59-2980685

Applied For

Not Applicable

Zip

32256

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, REBECCA  
9022 DEERCRESS CT  
JACKSONVILLE FL 32256

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE V  
NAME BRIDGE, REBECCA R.  
STREET ADDRESS 9022 DEERCRESS CT  
CITY-ST-ZIP JAX FL 32256 ☐ Delete

TITLE PST  
NAME BRIDGE, REBECCA R.  
STREET ADDRESS 9022 DEERCROSS CE  
CITY-ST-ZIP JAX FL 32256 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

7/14/00 (984) 519-2158

CR2E034 (5/00)