

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018625 AF

DOCUMENT # M98000000869

1. Entity Name

BRIDGESTREET FINANCIAL CONSULTANTS, LLC

FILED

01 JUN 18 PM 12:10

Principal Place of Business

Mailing Address

401-B YELVINGTON AVE.  
CLEARWATER FL 33755

401-B YELVINGTON AVE.  
CLEARWATER FL 33755

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0455236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, TEMPLE H ESQ  
1505-N FLORIDA AVE  
TAMPA FL 33602

Name

Temple H. Drummond, Esq.

Street Address (P.O. Box Number is Not Acceptable)

c/o Akerman Senterfitt

100 S Ashley Dr. Suite 1500

City

Tampa

FL

Zip Code

33602

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

*Temple H. Drummond*

3/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete  
MGRM  
BRADHAM, CAROLYN  
STREET ADDRESS  
401-B YELVINGTON AVE.  
CITY-ST-ZIP  
CLEARWATER FL 33755

TITLE NAME ☐ Change ☐ Addition  
500004437975-3  
-06/22/01--01093--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Carolyn Bradham*

3/19/01

727-449-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

CP2E083 (11/00)