

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000438

FILED
Mar 17, 2002 8:00 AM
Secretary of State

Entity Name: THE DIGITAL BRIDGE LEARNING RESOURCE CENTER, INC.

Current Principal Place of Business:

1201 LENHAM CT.
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

1201 LENHAM CT.
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-3621897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, BARBARA J
1201 LENHAM CT.
SUN CITY CENTER, FL 33573

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, BARBARA J
Address: 1209 LENHAM CT.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD () Delete
Name: GRIGGS, CATHERINE L
Address: 1209 SABLE COVE
City-St-Zip: RUSKIN, FL 33570

Title: SD () Delete
Name: HARTZOG, DANIEL
Address: 1209 SABLE COVE
City-St-Zip: RUSKIN, FL 33570

Title: TD () Delete
Name: MARSHALL, CHARLES W
Address: 1201 LENHAM CT.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: BIRCHMIRE, RICHARD
Address: 1104 CHESTERFIELD
City-St-Zip: RUSKIN, FL 33573

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WHITE, JAMES DR.
Address: 4402 E. FOWLER AVE
City-St-Zip: TAMPA, FL 33620

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. MOORE

PD

03/17/2002

Electronic Signature of Signing Officer or Director

Date

LAIR DECKER, DIRECTOR
4917 DEWEY ROSE CT.
TAMPA, FL 33624-1070

CHARLES BROOKS, DIRECTOR
213 GENET CT.
SUN CITY CENTER, FL 33573

GENE GRIGGS, DIRECTOR
2218 GREENHAVEN DRIVE
SUN CITY CENTER, FL 33573

LARRY ORDWAY, DIRECTOR
5309 LLOYD ST
SEFFNER, FL 33584-3320