2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003
Secretary of State

DOCUMENT# N00000000438

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

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

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 02/17/2003
Electronic Signature of Signing Officer or Director — Date

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

GENE GRIGGS, DIRECTOR
2218 GREENHAVEN DR.
SUN CITY CENTER, FL 33573

LAIR DECKER, DIRECTOR
4917 DEWEY ROSE CT
TAMPA, FL 33624

DAN MAJCHRZAK, DIRECTOR
3011 SABAL RD
TAMPA FL 33618

TINA MAJCHRZAK, DIRECTOR
3011 SABAL RD
TAMPA FL 33618