

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90472 033 ****61.25

DOCUMENT # N15436
 i. Entity Name

BRIDGADETTE CLUB, INC.

Principal Place of Business Mailing Address
 LAKE MANN DRIVE 811 LAKE MANN DRIVE
 ORLANDO FL 32805 ORLANDO FL 32805-3475

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 **59-2889896** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 RANDALL, MYRTLE
 988 SAINT GEORGE ST
 ORLANDO FL 32805

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RANDALL, MYRTLE J	
STREET ADDRESS	988 SAINT GEORGE ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, NATITHA	
STREET ADDRESS	DOMINO DR	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, LARONE	
STREET ADDRESS	2632 ROBERT TRENT JONES DR #117	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, RUTH	
STREET ADDRESS	811 W LAKE MANN DR	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATE, ROSA	
STREET ADDRESS	1854 IVEY LANE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, ELLA D	
STREET ADDRESS	812 LAKE MANN DR	
CITY-ST-ZIP	ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myrtle J. Randall* April 20, 2000 (407) 293-7202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)