2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # N15436** 1. Entity Name BRIDGADETTE CLUB, INC. 02-05-2001 90057 036 ****61.25 Principal Place of Business Mailing Address 811 LAKE MANN DRIVE 811 LAKE MANN DRIVE PAGTAAA ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2889896 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent l hompson Street Address (P.O. Box Number is Not Acceptable) RANDALL, MYRTLE 988 SAINT GEORGE ST Domino Dr ORLANDO FL 32805 Zip Code **3280**5 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Change ☐ Addition Naritha J. Thompson NAME RANDALL, MYRTLE J NAME STREET ADDRESS 389 Domino Dr STREET ADDRESS 988 SAINT GEORGE ST CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32805 Orlando TITLE VP ☐ Delete TITLE Change ☐ Addition NAME THOMPSON, NATITHA ... NAME STREET ADDRESS DOMINO DR 1854 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-7IP Orlando TITLE ☐ Delete TITLE P Change ☐ Addition NAME DAVIS, LARONE Cooke NAME Trecie STREET ADDRESS 2632 ROBERT TRENT JONES DR #117 408 Domino Dr STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando Fla. 32805 ORLANDO FL 32836 Delete TITLE [] Change Addition NAME PRICE, RUTH Williams NAME Thereatha STREET ADDRESS 811 W LAKE MANN DR STREET ADDRESS Prlando Florida CITY-ST-ZIE ORLANDO FL 32805 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TATE, ROSA NAME STREET ADDRESS 1854 IVEY LANE STREET ADDRESS CITY-ST-ZIP Florida 32805 CITY-ST-ZIP ORLANDO_FL 32805

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: Mark

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ROSE, ELLA D

812 LAKE MANN DR

ORLANDO FL 32805

Orlando Horida 32835

☐ Change

☐ Addition