

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90079 011 \*\*\*\*61.25

**DOCUMENT # N15436**

1. Entity Name

**BRIDGADETTE CLUB, INC.**

Principal Place of Business

Mailing Address

**811 LAKE MANN DRIVE  
 ORLANDO FL 32805**

**811 LAKE MANN DRIVE  
 ORLANDO FL 32805**

2. Principal Place of Business

*Orlando, Fla.*

3. Mailing Address

*811 Lake Mann Dr  
 Orlando, Fla.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando, Fla.*

City & State

*Orlando, Fla.*

Zip

*32805*

Country

*USA*

Zip

*32805*

Country

*USA*

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

**THOMPSON, NARITHA J  
 389 DOMINO DR  
 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 *Naritha J. Thompson*

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

(NOTE: Registered Agent signature required when registering)

DATE

*1/26/02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, NARITHA J</b>	
STREET ADDRESS	<b>389 DOMINO DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TATE, ROSA</b>	
STREET ADDRESS	<b>1854 IVEY LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>COOKE, TRECIE</b>	
STREET ADDRESS	<b>408 DOMINO DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, THVEATHA</b>	
STREET ADDRESS	<b>3367 FITZGERALD DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TATE, ROSA</b>	
STREET ADDRESS	<b>1854 IVEY LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVID, LARONE</b>	
STREET ADDRESS	<b>2632 ROBERT TRENT JONES DR # 117</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	

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	
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:

*Naritha J. Thompson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/26/02 407-295-3410*

CR2E037 (9/01)