

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90226 041 \*\*\*\*61.25

**DOCUMENT # N15436**

1. Entity Name

**BRIDGADETTE CLUB, INC.**



Principal Place of Business

**811 LAKE MANN DRIVE  
ORLANDO FL 32805**

Mailing Address

**811 LAKE MANN DRIVE  
ORLANDO FL 32805**

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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, NARITHA J  
389 DOMINO DR  
ORLANDO FL 32805**

Name

**Joyce J. Jones**

Street Address (P.O. Box Number is Not Acceptable)

**1300 Coretta Way**

City

**Orlando**

FL

Zip Code

**32805**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joyce J. Jones*

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  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, NARITHA J	
STREET ADDRESS	389 DOMINO DR	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TATE, ROSA	
STREET ADDRESS	1854 IVEY LANE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOKE, TRECIE	
STREET ADDRESS	408 DOMINO DR	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, THVEATHA	
STREET ADDRESS	3387 FITZGERALD DR	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TATE, ROSA	
STREET ADDRESS	1854 IVEY LANE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, LARONE	
STREET ADDRESS	2632 ROBERT TRENT JONES DR # 117	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce J. Jones	
STREET ADDRESS	1300 Coretta Way	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larone Davis	
STREET ADDRESS	2632 Robert Trent Jones Dr # 117	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Dawson	
STREET ADDRESS	5049 Bermuda Cr	
CITY-ST-ZIP	Orlando, FL 32835	
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:

*Joyce J. Jones*

4/28/03 4400 295-9552

CR2E037 (10/02)