

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000891

1. Entity Name

BRIDGES OF AMERICA - THE SANFORD BRIDGE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90056 029 ****61.25

Principal Place of Business

Mailing Address

2055 MERCY DR
 ORLANDO FL 32808-5629
 US

2055 MERCY DR
 ORLANDO FL 32808-5613
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3201301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTANTINO, FRANK
2055 MERCY DR
ORLANDO FL 32808-5629

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
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANTINO, FRANK	
STREET ADDRESS	5519 BAYSIDE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURTY, GRADY	
STREET ADDRESS	4698 HALL RD.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DON	
STREET ADDRESS	6325 WHIP-O-WILL LANE	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, BEN	
STREET ADDRESS	15835 HIGHWAY 50	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	POITRAS, EDWARD W	
STREET ADDRESS	27 LAKE HAMILTON BEACH	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

P.O. Box 279
BRYSAN CITY, NC 28713

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 live empowered.

SIGNATURE:

Frank Costantino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Costantino

3/23/2000
 Date

407-291-1500
 Daytime Phone #

CR2E037 (9/99)