

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003172

1. Entity Name

THE BRIDGEWAY HOUSE, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90067 001 *****8.75

05-06-2000 90067 002 *****61.25

Principal Place of Business

Mailing Address

707 WEST DELAWARE
TALLAHASSEE FL 32304

2909 GRADY RD
TALLAHASSEE FL 32312-2236

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

59-3197892

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

JOHNSON, JOSEPHINE
2909 GRADY ROAD
TALLAHASSEE FL 32312

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 ☐ Delete
NAME VD
STREET ADDRESS MURPHY, HENRY MR.
CITY-ST-ZIP 1102 HARLEM ST
TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME m Barber, Kenneth
STREET ADDRESS 201 Ridge Rd
CITY-ST-ZIP Tallahassee FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HARRIS, LESLIE
CITY-ST-ZIP 2022 HILLSBOROUGH STREET
TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS MATHIS, ERNEST
CITY-ST-ZIP 644 W. BREVARD ST.
TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS JOHNSON, JOSEPHINE MS.
CITY-ST-ZIP 2909 GRADY ROAD
TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS Mama Ford Jones
CITY-ST-ZIP 2909 Grady Rd
Tallahassee FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME m
STREET ADDRESS Dickens Billy
CITY-ST-ZIP 2426 Buttonbush Ct
Tallahassee FL

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
JOHNSON

Date

Daytime Phone #

5-2-2000

CR2E037 (9/99)