


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

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90077 012 ****61.25

DOCUMENT # N94000005647

1. Entity Name
BRIDGES OF AMERICA - THE POLK BRIDGE, INC.



Principal Place of Business Mailing Address

**602 MELTON AVENUE
AUBURNDALE FL 33823
US**

**2011 MERCY DRIVE
ORLANDO FL 32808
US**

2. Principal Place of Business 3. Mailing Address

2011 Mercy Drive **2011 Mercy Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Orlando, FL **Orlando, FL**

Zip Country Zip Country

32808 **USA** **32808** **USA**

4. FEI Number **59-3289594** 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

**COSTANTINO, FRANK
2055 MERCY DR
ORLANDO FL 32808-5629**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK 5519 BAYSIDE DRIVE ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, GRADY 4698 HALL RD ORLANDO FL 32817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DON 6325 WHIP-O-WILL LANE ST CLOUD FL 34771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, EDWARD W 27 LAKE HAMILTON BEACH HAINES CITY FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, BEN P O BOX 279 BRYSON CITY NC 28713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Costantino, Frank 2011 Mercy Drive Orlando, FL 32808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lori Costantino-Brown 2011 Mercy Drive Orlando, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Lori Costantino-Brown 1/31/03

CR2E037 (10/02)