

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005853

1. Entity Name

BRIDGE BUILDERS ASSISTANCE FUND, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90051 004 \*\*\*\*70.00

Principal Place of Business

833 OAK STREET NE  
ST. PETERSBURG FL 33701

Mailing Address

833 OAK STREET NE  
ST. PETERSBURG FL 33701-1918

2. Principal Place of Business

1410 9th St. N.

Suite, Apt. #, etc.

3. Mailing Address

1410 9th St. N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3348718

Applied For

Not Applicable

Zip

33704

Country

USA

Zip

33704

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAW, THOMAS C  
605 EAST ROBINSON STREET STE 510  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
Chris Eaton

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

833 Oak St. NE

City

St. Petersburg

FL

Zip Code

33701

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 Chris Eaton, President of Bridge Builders Assist. Fund

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

**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 **D**  
NAME **MATTHEWS, JOY**  
STREET ADDRESS **800 BEACH DR NE #12**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

☐ Delete

TITLE **SD**  
NAME **RINALDI, MARGARET**  
STREET ADDRESS **1717 9TH ST N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

☒ Delete

TITLE **D-T/D**  
NAME **COTTELL, MARK**  
STREET ADDRESS **833 OAK STREET NE 224 19th Ave. S.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701 33705**

☐ Delete

TITLE **D-C/D**  
NAME **CALDWELL, CAREY**  
STREET ADDRESS **2017 JEAN ST 2701 Greenmoor Pl.**  
CITY-ST-ZIP **TAMPA FL 33614 33618**

☐ Delete

TITLE **D-P/D**  
NAME **EATON, CHRISTOPHER**  
STREET ADDRESS **833 OAK STREET NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

☐ Delete

TITLE **D-S/D**  
NAME **SARMIENTO, MARGARITA**  
STREET ADDRESS **6923 LAKE PLACE CT**  
CITY-ST-ZIP **TAMPA FL 33634**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director**  
NAME **Scott Hickerson**  
STREET ADDRESS **10303 Cliff Circle**  
CITY-ST-ZIP **Tampa, Florida 33612**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 or without like empowered.

SIGNATURE:

Chris Eaton, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-

898-1111