

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005853**

1. Entity Name

BRIDGE BUILDERS ASSISTANCE FUND, INC.

Principal Place of Business

**1410 9TH ST N
SAINT PETERSBURG FL 33704**

Mailing Address

**PO BOX 76284
ST. PETERSBURG FL 33734**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**EATON, CHRIS
833 OAK ST NE
SAINT PETERSBURG FL 33701**

4. FEI Number

59-3348718

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

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.

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 \$61.259. 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** ☐ Delete
NAME **MATTHEWS, JOY**
STREET ADDRESS **800 BEACH DR NE #12**
CITY-ST-ZIP **ST PETERSBURG FL 33701**TITLE **D** ☐ Delete
NAME **COTTRELL, MARK**
STREET ADDRESS **833 OAK STREET NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE **TD** ☐ Delete
NAME **CALDWELL, CAREY**
STREET ADDRESS **2917 JEAN ST**
CITY-ST-ZIP **TAMPA FL 33614**TITLE **MD** ☐ Delete
NAME **EATON, CHRISTOPHER**
STREET ADDRESS **833 OAK STREET NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE **D** ☐ Delete
NAME **SARMIENTO, MARGARITA**
STREET ADDRESS **6923 LAKE PLACE CT**
CITY-ST-ZIP **TAMPA FL 33634**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 727-898-1117

Date

Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91398 003 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)