

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000332

1. Entity Name

THE BRIDGE FOR HISTORIC PRESERVATION, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90038 039 ****61.25

Principal Place of Business

Mailing Address

1625 COLONY AVENUE
KISSIMMEE FL 33474

1625 COLONY AVENUE
KISSIMMEE FL 34744-4004

2. Principal Place of Business

1206 AMBERWOOD Blvd

3. Mailing Address

1206 AMBERWOOD Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL 34741

City & State

KISSIMMEE

4. FEI Number

65-0648998

Applied For

Not Applicable

Zip

34741

Country

OSCAROLA

Zip

34741

Country

OSCAROLA

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

TERRICO, MARTIN E
4877 LAKE CECILE DRIVE
KISSIMMEE FL 34746

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 P ☐ Delete
NAME ROMAGOSA, JUAN F
STREET ADDRESS 1625 COLONY AVENUE
CITY-ST-ZIP KISSIMMEE FL

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

TITLE D ☐ Delete
NAME GORDON, JAMES A
STREET ADDRESS 3835 HAROLD AVENUE
CITY-ST-ZIP FT. MYERS FL

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

TITLE D ☐ Delete
NAME WHISENAND, JAMES D
STREET ADDRESS 501 BRICKELL KEY DR SUITE 200
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME TERRICO, MARTIN E
STREET ADDRESS 4877 LAKE CECILE DRIVE
CITY-ST-ZIP KISSIMMEE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

407-356-
JAN 15/00 8427