

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90016 040 ***61.25

DOCUMENT # N96000000332

1. Entity Name

THE BRIDGE FOR HISTORIC PRESERVATION, INC.

Principal Place of Business

**1206 AMBERWOOD BLVD
 KISSIMMEE FL 34741**

Mailing Address

**1206 AMBERWOOD BLVD
 KISSIMMEE FL 34741**

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

65-0648998

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

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

TITLE NAME ☐ Change ☒ Addition
Director
Gordon, Roger
 STREET ADDRESS **14020 N. Miami AVE.**
 CITY-ST-ZIP **North Miami FL**

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

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

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

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

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

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

M. ROMAGOSA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 407 396 8427
 Date Daytime Phone #

CR2E037 (10/00)