

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000332

1. Entity Name

THE BRIDGE FOR HISTORIC PRESERVATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90135 034 ****61.25

Principal Place of Business Mailing Address
1206 AMBERWOOD BLVD 1206 AMBERWOOD BLVD
KISSIMMEE FL 34741 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

Name JUAN F. ROMAGOSA

Street Address (P.O. Box Number is Not Acceptable) 1206 AMBERWOOD BLVD

City KISSIMMEE, FL

FL

Zip Code 34741

TERRICO, MARTIN E
4877 LAKE CECILE DRIVE
KISSIMMEE FL 34746

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

1/24/02

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

TITLE JUAN ROMAGOSA
NAME 1206 AMBERWOOD Blvd.
STREET ADDRESS KISSIMMEE, FL 34741 ☒ Change ☐ Addition

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

TITLE LAKEVIEW TERRACE
NAME NORTH FT. MYERS, FL 33903 ☒ Change ☐ Addition

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

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

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

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

TITLE D
NAME GORDON, ROGER
STREET ADDRESS 14020 N MIAMI AVE
CITY-ST-ZIP NORTH MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 407 908 0009
Date Daytime Phone #

CR2E037 (9/01)