

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90139 023 ****61.25

DOCUMENT # N96000000332

1. Entity Name

THE BRIDGE FOR HISTORIC PRESERVATION, INC.



Principal Place of Business

**517 SE 6TH PLACE
CAPE CORAL FL 33990**

Mailing Address

**517 SE 6TH PLACE
CAPE CORAL FL 33990**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

JUAN, ROMAGOSA

**1206 ROSEWOOD BLVD
KISSIMMEE FL 34741**

Name

JUAN ROMAGOSA

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

517 S.E. 6TH PLACE

City

CAPE CORAL

FL

Zip Code

33990

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	JUAN, ROSAGOSA	1206 ROSEWOOD BLVD	KISSIMMEE FL 34741	X Change <input type="checkbox"/> Addition			
D	GORDON, JAMES A	LAKE VIEW TERRAC	FORT MYERS FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	TERRICO, MARTIN E	4877 LAKE CECILE DRIVE	KISSIMMEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	GORDON, ROGER	14020 N MIAMI AVE	NORTH MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED JUAN F. ROMAGOSA

66611-03

**239-410
7053**

CR2E037 (10/02)