

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91438 049 \*\*\*\*\*61.25

DOCUMENT # *N97000602983*

1. Entity Name

The Bridge Family Foundation, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1201 George Bush Blvd

3. Mailing Address  
1201 George Bush Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Delray Beach, FL

City & State  
Delray Beach, FL

4. FEI Number  
650760738

Applied For  
Not Applicable

Zip  
33483

Country  
Palm Beach

Zip  
33483

Country  
Palm Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Chapin, Robert D.

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

1201 George Bush Blvd.

City Delray Beach

FL Zip Code  
33483

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

President/Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Bridge, Scott R., Director/President  
1128 Royal Palm Beach Blvd., #411  
Royal Palm Beach, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Oakley, Suzanne B., Director/Vice President  
243 White Oak Shade Rd.  
New Canann, CT 06840

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Chapin, Robert D., Director/Secretary  
1201 George Bush Blvd.  
Delray Beach, FL 33483

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Robert D. Chapin*

President/Director

4/17/03

561-272-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)