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

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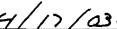
1. Entity Name

The B	ridge Family Foundation	on, Inc.	V			
	DO NOT WRITE	IN THIS S	PACE		·	
	Place of Business	3. Mailing Address	ich Blvd	<u></u>		
	1201 George Bush Blvd 1201 George Bush Suite, Apt. #, etc. Suite, Apt. #, etc.		ISIT DIVU.		OO NOT WRITE IN THIS S	SPACE
City & Stat		City & State Delray Beach, FL		4. FEI Number 65	4. FEI Number 650760738	
Zip 33483	Country Palm Beach	Zip 33483	Country Palm Beach	5. Certificate of Sta		\$8.75 Additional Fee Required
14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Name		s of Current Registered	Agent
	DO NOT W	(BITE	*	apin, Robert D.		
	IN THIS SI			ess (P.O. Box Number is N	ot Acceptable)	
				eorge Bush Blvd.		Zip Code
			Deli	ay Beach	FL	- 33483
	named entity submits this statement for frame and registered agent.	or the purpose of changing i	its registered office or reg	gistered agent, or both, in the	ne state of Florida. I am fa	amiliar with, and accept
			Procident/Director	.	-	
SIGNATURE	Signature, typed or printed name of registered agen		President/Directo	· · · · · · · · · · · · · · · · · · ·	DATE	
	FEE IS \$61:25 Initial or Amended UBR	46CA143611785941941467	ampaign Financing	\$5.00 May Be Added to Fees		(Payable to tment of State
10	OFFICERS AND D	RECTORS	\$ 2 T 1 14 6 6 6 7 T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bridge, Scott R., Director/l 1128 Royal Palm Beach B Royal Palm Beach, FL 334	lvd., #411	TIITLE NAME STREET ADDRESS CITY-ST-ZP			7000 A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Oakley, Suzanne B., Direc 243 White Oak Shade Rd New Canann, CT 06840	TITLE NAME STREET ADDRESS CITY-ST-ZIP			JCO J	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chapin, Robert D., Directo 1201 George Bush Blvd. Delray Beach, FL 33483	or/Secretary	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO	NOT WRI	IE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP:	INT	HIS SPAC) E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY: ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: \$1-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 reserver 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 appreciation of the corporation of the c

SIGNATURE		pers	<u> </u>	Ch	ومعيرى	Presiden
	SIC	SNATURE AND	TYPED OR	PRINTED NAM	E OF SIGNIN	IG OFFICER OR DIRECTOR

President/Director



561-272-1225

Daytime Phone #