

DOCUMENT # N97000005872

1. Entity Name
THE GANDY BRIDGE AND FRIENDSHIP TRAIL CORPORATIO

Principal Place of Business Mailing Address
601 N. LOIS AVE. 601 N. LOIS AVE.
TAMPA FL 33609 TAMPA FL 33609

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
MILLER, FRANK M
601 N. LOIS AVE.
TAMPA FL 33609

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD BRYAN, RALPH T 912 E. KNOLLWOOD ST. TAMPA FL 33604
TD DONNELLY, SEAN 601 N LOIS AVE TAMPA FL 33609
VP RITTER, BEN 12708 SUMMIT ST. TAMPA FL 33612
ED MILLER, FRANK M 601 N LOIS AVE TAMPA FL 33609
D HANSBURY, WILLIAM 9715 HARRELL AVE. #22 TREASURE ISLAND FL 33706
D KING, W. FRED 305 E. ROSS AVE. TAMPA FL 33602

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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: FRANK M. MILLER 1/3/01 (813) 835-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90030 049 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)