

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

0002124

DOCUMENT # N98000002681

1. Entity Name

THE BRIDGE PROJECT INC.



Principal Place of Business

Mailing Address

7500 TALLEY ANN DRIVE
TALLAHASSEE FL 32311

7500 TALLEY ANN DRIVE
TALLAHASSEE FL 32311

2. Principal Place of Business

1100 E. TENN. ST.

3. Mailing Address

7500 Talley Ann Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#A

TALLEY FL.

City & State

City & State

Talla. FL.

Zip

Country

Zip

Country

32308

32311

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFFORK, ROBERT
317 E PARK AVE
TALLAHASSEE FL 32301

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. 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
After September 10, 2003, min will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	PROVITT, LINDA F	
STREET ADDRESS	7500 TALLEY ANNE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	PROVITT, ROBERT D REV.	
STREET ADDRESS	7500 TALLEY ANNE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENDERSON, LAKEISHA	
STREET ADDRESS	7500 TALLEY ANN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director (Emeritus)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Provitt	
STREET ADDRESS	7500 Talley Ann DR, Tall	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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:

Robert D. Provitt

7/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850)
224-4667
656-6920

CR2E037 (4/03)

FILED

03 JUL 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3553420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required