

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005916

1. Entity Name

CITIZENS FOR A SAFE NEW BRIDGE, INC.

Principal Place of Business

120 CHARLOTTE STREET  
ST. AUGUSTINE FL 32084

Mailing Address

120 CHARLOTTE STREET  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

19 RIBERIA STREET  
Suite, Apt. #, etc.  
ST. AUGUSTINE  
City & State  
FLORIDA  
Zip  
32084  
Country  
USA

3. Mailing Address

19 RIBERIA ST.  
Suite, Apt. #, etc.  
City & State  
ST. AUGUSTINE, FL  
Zip  
32084  
Country  
USA

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR  
120 CHARLOTTE STREET  
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name  
JOSEPH L BOLES, JR  
Street Address (P.O. Box Number is Not Acceptable)

19 RIBERIA ST.  
City  
ST. AUGUSTINE FL Zip Code  
32084

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

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNK, ART SR 61 DOLPHIN DRIVE ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, JOHN W 61 AVISTA CIRCLE ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CREADICK, JOHN D 5870-G CAPO ISLAND RD ST. AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

JOHN W. DANIELS (JOHN W. DANIELS) 4/25/01 824-3594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90072 022 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)