

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002199

1. Entity Name

SAVE OUR BRIDGE, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90201 003 ****61.25

959198



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
35 VALENCIA ST. ST. AUGUSTINE FL 32084		P.O. BOX 3404 ST. AUGUSTINE FL 32085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3570182	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SEGAL, THERESA 126 ONEIDA ST ST. AUGUSTINE FL 32084

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SEGAL, THERESA
STREET ADDRESS	126 ONEIDA ST.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	VD
NAME	TINGLEY, CHARLES A
STREET ADDRESS	18 CARRERA ST.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	STD
NAME	THOMAS, LESLEY
STREET ADDRESS	32 CORDOVA ST.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	D
NAME	WILLIAMS, JANIS V
STREET ADDRESS	35 VALENCIA ST.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	D
NAME	SIKES-KLEIN, NANCY
STREET ADDRESS	15 MIRUELA ST.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Theresa Segal 4-26-02 (904) 889-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)