

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90775 001 ****61.25

0000038

DOCUMENT # N99000002199

1. Entity Name

SAVE OUR BRIDGE, INC.



Principal Place of Business

**35 VALENCIA ST.
ST. AUGUSTINE FL 32084**

Mailing Address

**P.O. BOX 3404
ST. AUGUSTINE FL 32085**

2. Principal Place of Business

**126 Oneida St.
Suite, Apt. #, etc.
St. Augustine, FL
City & State**

3. Mailing Address

**P.O. Box 665
Suite, Apt. #, etc.
St. Augustine, FL
City & State**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3570182**

Applied For

Not Applicable

Zip

32084

Country

U.S.A.

Zip

32085

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Theresa Segal

(NOTE: Registered Agent signature required when reinstating)

4/9/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SEGAL, THERESA**
STREET ADDRESS **126 ONEIDA ST.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **VD** ☐ Delete
NAME **TINGLEY, CHARLES A**
STREET ADDRESS **18 CARRERA ST.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **STD** ☐ Delete
NAME **THOMAS, LESLEY**
STREET ADDRESS **32 CORDOVA ST.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **WILLIAMS, JANIS V**
STREET ADDRESS **35 VALENCIA ST.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **SIKES-KLEIN, NANCY**
STREET ADDRESS **15 MIRUELA ST.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Nancy Sikes-Kline**
STREET ADDRESS **(spelling)**
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Theresa Segal

4/9/03 (904) 829-6761

CR2E037 (10/02)