## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

| DOCUMENT # P01000087438  1. Entity Name OLD BRIDGE VILLAGE, INC.  |   |   |   |  | Secretary of State 02-20-2002 90007 035 ***150.00  |  |   |
|---|---|---|---|--|--|--|---|
| Principal Place of Business  75 TIDY ISLAND BLVD.>  BRANDENTON FL 34210  Mailing Address  75 TIDY ISLAND BLVD.  BRANDENTON FL 34210 |   |   |   |  |  |  |   |
| 2. Principal R<br>300<br>Suite, Apt.  | Hace of Business; BAY DRINE South #, etc.   | 3. Mailing Address 300 BAy Suite, Apt. #, etc.                | DRIM LOU  | th   | DO NOT WRI   | TE IN THIS SPACE   |   |
| Brastali<br>Zip   | enton Beach, FL   | BAADOLTM Bea  |   |  | FEI Number<br>75 — 297 58  | 40   | Applied For Not Applicable                          |
| 3421  | 6. Name and Address of Current R  | 34217   | Morelle   | <u>1</u> 5.                                | Certificate of Status Desired  | □ \$8.75<br>Fee Req  | Additional<br>juired                                |
| BRADENT  8. The above  SIGNATURE  | U AVE. W., STE. 800   | letter  | Street Add City  egistered office or re                             |  |  |  | 4217<br>Code  |
| Tax filing requirement and elects to do so. After May 1, 20   |   | After May 1, 2002   | FEE IS \$150.00<br>Fee will be \$550.00<br>e to Department of State |  | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees                 |  |   |
| 11.   | OFFICERS AND D  | RECTORS  Pelete   | 12.   | ĀΕ   | DITIONS/CHANGES TO OFF   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DAVID Teitelbi<br>300 BAY DKINE<br>BRAdenton Pres   | 10m 500th   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                               |  |  | ☐ Chan   | ge 🗌 Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Penelone Naylo<br>75 tody Island<br>BRAdenton FL  | Delete Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                               |  |  | ☐ Chan   | ge 🔲 Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | ☐ Dêlete  | TITLE - NAME STREET ADDRESS CITY-ST-ZIP                             |  |  | ☐ Chan   | ge Addition   |
| TITLE<br>NAME<br>STREET AODRESS<br>CITY - ST-ZIP  | -   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                               |  |  | ☐ Chan   | ge 🔲 Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                               |  |  | ☐ Chan   | ge 🗀 Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                               |  |  | ☐ Chang  | ge Addition   |
| of the corp   | ertify that the information supplied with th<br>on this report or supplemental leport is tru-<br>oration or the receiver or tustee empower<br>or on an attachment with an address, with | de and accurate and that my<br>ered to execute this report as | ne exemption stated<br>signature shall have<br>required by Chapte   | in Section<br>the same I<br>or 607, Florid | 119.07(3)(i), Florida Statutes. I<br>egal effect as if made under o<br>da Statutes; and that my name | further certify that that that I am an office appears in Block 1 | e information<br>per or director<br>for Block 12 if |