

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105621

1. Entity Name

BRIDGE MANAGEMENT, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90065 026 ***150.00

Principal Place of Business 15 PLAYER CLUB VILLAS SUITE 104 PONTE VEDRA BEACH FL 32082 US	Mailing Address 15 PLAYER CLUB VILLAS SUITE 104 PONTE VEDRA BEACH FL 32082-3103 US
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2. Principal Place of Business 193 BEACH AVE #4 Suite, Apt. #, etc.	3. Mailing Address 193 BEACH AVE #4 Suite, Apt. #, etc.
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City & State ATLANTIC BEACH, FL	City & State ATLANTIC BEACH, FL	4. FEI Number 59-3507402	Applied For <input type="checkbox"/> Not Applicable
Zip 32233	Country	Zip 32233	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HEAD, KOKO 2970 HARTLEY ROAD SUITE 104 JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9309 OLD KINGS ROAD, SOUTH, SUITE 4 City JACKSONVILLE FL Zip Code 32257
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JACKER, STEVEN I 15 PLAYER CLUB VILLAS PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 193 BEACH AVENUE #4 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKER, MARVIN 15 PLAYER CLUB VILLAS PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 193 BEACH AVENUE #4 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)