2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720980

1. Entity Name

SOUTHSIDE ESTATES CIVIC ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90010 029 ****61.25

Principal Place of Business	Mailing Address
9730 DOOLITTLE RD JACKSONVILLE FL 32246	9730 DOOLITTLE RD JACKSONVILLE FL 32246-2113

DO NOT WRITE IN THIS SPACE

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 59-2686163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILMORE, CHRIS 9730 DOOLITTLE RD JACKSONVILLE FL 32246	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.* ☐ **$5.00** May Be *Added to Fees*	**Make Check Payable to *Department of State***

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAVIS, WANDA JO 2846 LEON RD JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANSLEY, FRIEDA 2294 PEACH DR JACKSONVILLE FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D LAWRENCE, NENA 9748 N. MACARTHUR CT JACKSONVILLE FL 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, JOHH 2204 PEACH DR. JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition S ENDERS, TRISH 9849 BRADLEY ROAD JACKSONVILLE FL 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIOTT, ROSALIE 2837 PEACH DR JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SLEDGE, GAYLE 9733 BRADLEY RD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILMORE, CHRIS 9730 DOOLITTLE RD JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ REQUIRED Apr 3 2000 904-724-4409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #