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

DOCUMENT # 720980



FILED Mar 24, 2003 8:00 am Secretary of State

SOUTHSIDE ESTATES CIVIC ASSOCIATION, INC.					03-24-2003 90159 027 ****61.25			
Principal Pla 9730 DOOLIT JACKSONVILI		Mailing Address 9730 DOOLITTLE RD JACKSONVILLE FL 32246	l .					
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap	of # etc	Suite, Apt. #, etc.	·		, , , , , , , , , , , , , , , , , , , ,			
		Suite, Apr. #, etc.			□сн	ECK HERE IF I	MAKING CHANGE	S
City & St	ate	City & State	er e i i i i za	~ .	4. FEI Number 59-2	686163		Applied For
Zip	Country	Zip	Country		5. Certificate of Statu	s Desired	\$8.75 A	
	6. Name and Address of Current	Registered Agent			7. Name and Addres	s of New Regi		
CILMOD	E CUDIO		Name					-
9730 DC	E, CHRIS DOLITTLE RD		Street Address		(P.O. Box Number is Not Acceptable)			
JACKSO	DNVILLE FL 32246							
	•		City				FL Zip Co	de
8. The above	re named entity submits this statement fo ations of registered agent.	r the purpose of changing its	registered office of	r registere	d agent, or both, in the	State of Florida	a. I am familiar with	n, and accept
	and or registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if a - U - bl				· .		
	ogradue, typed or printed have or registered agent s	and the irapplicable. (NOTE	: Registered Agent signa	lture required w	vhen reinstating)		DATE	
3	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees		Check Payable Department of	
\$	OFFICERS AND DIR	Trust Fund C		<u> </u>		Florida	Department of	State
		Trust Fund C	ontribution.	<u> </u>	Added to Fees	Florida	Department of	State
TITLE . NAME STREET ADDRESS	OFFICERS AND DIR V BENOLKEN, ROSS S 9833 BRADLEY RD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Al	Added to Fees DDITIONS/CHANGES	Florida I	Department of AND DIRECTORS II Change	State N 10
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR V BENOLKEN, ROSS S 9833 BRADLEY RD JACKSONVILLE FL 32246 S	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	LAW 974	DDITIONS/CHANGES RENCE, A 8-N-Mark KSON UITE	Florida I	Department of AND DIRECTORS II Change Change	State N 10 Addition
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I nereby 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.

GNATURE:

3-20-03

964-724-4469

SIGNATURE:

904-124-4409