

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**  
 01-20-2000 90222 039 \*\*\*\*61.25

**DOCUMENT # 745396**

1. Entity Name

**SOUTHSIDE BUSINESS MEN'S CLUB CHARITIES, INC.**

Principal Place of Business

Mailing Address

**368 TIDEWATER DRIVE  
 JACKSONVILLE FL 32211**

**368 TIDEWATER DRIVE  
 JACKSONVILLE FL 32211-7226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1870364**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, PAULINE W.  
 368 TIDEWATER DR.  
 JACKSONVILLE FL 32211**

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

T	<input type="checkbox"/> Delete
<b>GARRARD, JAY</b>	
<b>3828 ST AUGUSTINE ROAD</b>	
<b>JACKSONVILLE FL</b>	
D	<input type="checkbox"/> Delete
<b>KIRBY, CRUMP</b>	
<b>2810 ST AUGUSTINE RD</b>	
<b>JACKSONVILLE FL 32207</b>	
S	<input type="checkbox"/> Delete
<b>SMITH, PAULINE W.</b>	
<b>368 TIDEWATER DR.</b>	
<b>JACKSONVILLE FL</b>	
D	<input type="checkbox"/> Delete
<b>HAMEL, JOHN</b>	
<b>2466 PROVOST CT</b>	
<b>JACKSONVILLE FL 32216</b>	
D	<input type="checkbox"/> Delete
<b>MARK</b>	
<b>WILKINSON, MARLA</b>	
<b>4929 ATLANTIC BLVD</b>	
<b>JACKSONVILLE FL</b>	
	<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *PAULINE W. SMITH*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

*904-725-0112*