

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 11, 2002 8:00 am  
Secretary of State

03-11-2002 90060 033 \*\*\*\*61.25

DOCUMENT # 745396

1. Entity Name

SOUTHSIDE BUSINESS MEN'S CLUB CHARITIES, INC.

Principal Place of Business

368 TIDEWATER DRIVE  
JACKSONVILLE FL 32211

Mailing Address

368 TIDEWATER DRIVE  
JACKSONVILLE FL 32211

2. Principal Place of Business

6622 SOUTHPOINT DR S  
Suite, Apt. #, etc.  
#495

3. Mailing Address

6622 SOUTHPOINT DR S  
Suite, Apt. #, etc.  
#495

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

Country

32216 USA

Zip

Country

32216 USA

4. FEI Number

59-1870364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

Name

WILKINSON, MARK

Street Address (P.O. Box Number is Not Acceptable)

6622 SOUTHPOINT DR S.  
#495

City

JACKSONVILLE

FL

Zip Code

32216

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

MARK WILKINSON  
TREASURER

2/26/02

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GARRARD, JAY  
3828 ST AUGUSTINE ROAD  
JACKSONVILLE FL  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KIRBY, CRUMP  
2810 ST AUGUSTINE RD  
JACKSONVILLE FL 32207  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SMITH, PAULINE W.  
368 TIDEWATER DR.  
JACKSONVILLE FL  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HAMEL, JOHN  
2466 PROVOST CT  
JACKSONVILLE FL 32216  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
WILKINSON, MARL A.  
4029 ATLANTIC BLVD  
JACKSONVILLE FL  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THOMAS, WINFRED  
9423 BAYMEADOWS RD #148  
JACKSONVILLE, FL 32256  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WILKINSON, MARK  
6622 SOUTHPOINT DR S #495  
JACKSONVILLE, FL 32216  
☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK WILKINSON  
TREASURER 2/13/02 904-296-9333

CR2E037 (9/01)