

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000401

1. Entity Name

SOUTHSIDE BUSINESS ASSOCIATION, INC.

Principal Place of Business

6313 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Mailing Address

6313 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405-4328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CASOLARE, JOSEPH
6313 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CASOLARE, JOSEPH	
STREET ADDRESS	6313 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAZZO, MARTIN X	
STREET ADDRESS	5800 S DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEOFFREY C HIGGS	
STREET ADDRESS	6903 S DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHILDERS, TIMOTHY C	
STREET ADDRESS	5100 S DIXIE HWY STE 6	
CITY-ST-ZIP	W PALM BCH FL 33045	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONTRERAS, ELENA E	
STREET ADDRESS	399 FOREST HILL BLVD	
CITY-ST-ZIP	W PALM BCH FL 33405-4651	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HESSION, SUSAN L	
STREET ADDRESS	6309 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH FL 33405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President & Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karl Foose	
STREET ADDRESS	4100 S. Dixie Hwy., Suite A	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia Alarcon Sparler	
STREET ADDRESS	4100 S. Dixie Hwy., Suite C	
CITY-ST-ZIP	West Palm Beach, FL 33405	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90028 021 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0679614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)