

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90046 027 ****61.25

DOCUMENT # N98000002871

1. Entity Name

WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES,

Principal Place of Business

Mailing Address

4305 CHARLESTON LANE
 JACKSONVILLE FL 32210

P. O. BOX 7243
 JACKSONVILLE FL 32238-0243

2. Principal Place of Business

3. Mailing Address

4224 Oristano Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3531117

Applied For

Not Applicable

Zip

32210

Country

US

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

GOODMAN, JONATHAN H ESQ.
 1377 CASSAT AVE.
 JACKSONVILLE FL 32205

Name

Ballman, Richard E.

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

4224 Oristano Rd

City

Jacksonville FL

Zip Code

32210

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	D	<input checked="" type="checkbox"/> Delete
NAME	MALLET, RON	
STREET ADDRESS	2716 VICTORIA OAKS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEFFIELD, BRIAN E	
STREET ADDRESS	3591 SANCTUARY WAY S.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANTON, BETTY	
STREET ADDRESS	8140 RAYMOND ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, CARL R	
STREET ADDRESS	4157 SAN JUAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUGENT, LYNN	
STREET ADDRESS	4206 ORISTANO RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINOR, R. EDWARD	
STREET ADDRESS	6457 JACK WRIGHT ISLAND RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	

TITLE	V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony W. Brocato	
STREET ADDRESS	5291 Collins Rd.	
CITY-ST-ZIP	Jacksonville, FL	
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nang Pierson	
STREET ADDRESS	2009 Jones Rd	
CITY-ST-ZIP	Jacksonville FL 32220	
TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verna Fields	
STREET ADDRESS	9353 Staples Mill Dr.	
CITY-ST-ZIP	Jacksonville FL 32244	
TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard E. Ballman	
STREET ADDRESS	4224 Oristano Rd.	
CITY-ST-ZIP	Jacksonville, FL	
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

2/25/00

Daytime Phone #

904-281-7677

CR2E037 (9/99)