

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

0012841

DOCUMENT # N98000002871

1. Entity Name

WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES,

02-14-2001 90003 025 ****61.25

Principal Place of Business

Mailing Address

**4224 ORISTANO RD
 JACKSONVILLE FL 32210**

**P. O. BOX 7243
 JACKSONVILLE FL 32238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3531117

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

**BALLMAN, RICHARD E
 4224 ORISTANO RD
 JACKSONVILLE FL 32210**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BROCODO, ANTHONY	
STREET ADDRESS	5291 COLLINS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32233	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, BRIAN E	
STREET ADDRESS	3591 SANCTUARY WAY S.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIERSON, NANCY	
STREET ADDRESS	2009 JONES RD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIELDS, VERNA	
STREET ADDRESS	9353 STAPLES MILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALLMAN, RICHARD E	
STREET ADDRESS	4224 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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katrena Pitts	
STREET ADDRESS	2592 Ashfort Court	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Carter	
STREET ADDRESS	2839 Kiouka Avenue	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Goodman	
STREET ADDRESS	9117 Kings Colony Rd	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Schaedel	
STREET ADDRESS	3 Mitchell Court	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Moore, Jr.	
STREET ADDRESS	4157 San Juan Avenue	
CITY-ST-ZIP	Jacksonville, FL 32210	

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 RECOGNIZED*

01/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)