

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90132 044 \*\*\*\*61.25

**DOCUMENT # N98000002871**

1. Entity Name  
**WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES, INC.**

Principal Place of Business Mailing Address  
**4224 ORISTANO RD 4751 Apache Ave**  
**JACKSONVILLE FL 32210 JACKSONVILLE FL 32238**

2. Principal Place of Business 3. Mailing Address  
**4751 Apache Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Jacksonville FL**  
 Zip Country Zip Country  
**32210 USA**

4. FEI Number Applied For  
**59-3531117** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BALLMAN, RICHARD E**  
**4224 ORISTANO RD**  
**JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent  
 Name **DAVIS, DOUGLAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4751 Apache Avenue**  
 City **Jacksonville FL** Zip Code **32210**

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]* DATE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: VD NAME: BROCODO, ANTHONY STREET ADDRESS: 5291 COLLINS AVE CITY-ST-ZIP: JACKSONVILLE FL 32233 <input checked="" type="checkbox"/> Delete	TITLE: PB NAME: SHEFFIELD, BRIAN E STREET ADDRESS: 3591 SANCTUARY WAY S. CITY-ST-ZIP: JACKSONVILLE FL 32250 <input type="checkbox"/> Delete
TITLE: VD NAME: PIERSON, NANCY STREET ADDRESS: 2009 JONES RD CITY-ST-ZIP: JACKSONVILLE FL 32220 <input type="checkbox"/> Delete	TITLE: TD NAME: FIELDS, VERNA STREET ADDRESS: 9353 STAPLES MILL DR CITY-ST-ZIP: JACKSONVILLE FL 32244 <input type="checkbox"/> Delete
TITLE: SD NAME: BALLMAN, RICHARD E STREET ADDRESS: 4224 ORISTANO RD CITY-ST-ZIP: JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete	TITLE: D NAME: MOORE, CARL JR STREET ADDRESS: 4157 SAN JUAN AVENUE CITY-ST-ZIP: JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD NAME: DARBY, RICHARD STREET ADDRESS: 8525 Camshire Ct CITY-ST-ZIP: Jacksonville, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: CD NAME: [Blank] STREET ADDRESS: Jacksonville Beach, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P.D. NAME: [Blank] STREET ADDRESS: 2004 Jones Rd. CITY-ST-ZIP: Jacksonville, FL 32220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: SD NAME: DAVIS, DOUGLAS STREET ADDRESS: 4751 Apache Avenue CITY-ST-ZIP: Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: Thoele, Richard STREET ADDRESS: 5655 Timuquana Rd. CITY-ST-ZIP: Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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]* DATE: **1/29/02** DAYTIME PHONE: **904-573-1106**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)