

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90265 047 \*\*\*\*61.25

**DOCUMENT # N98000002871**



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

Principal Place of Business  
**4751 APACHE AVE  
JACKSONVILLE FL 32210**

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

**10066106**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3531117** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**DAVIS, DOUGLAS  
4751 APACHE AVENUE  
JACKSONVILLE FL 32210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/13/2003*  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DARBY, RICHARD	
STREET ADDRESS	8525 CAMSHIRE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, BRIAN E	
STREET ADDRESS	3591 SANCTUARY WAY S.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERSON, NANCY	
STREET ADDRESS	2004 JONES ROAD	
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	DAVIS, DOUGLAS	
STREET ADDRESS	4751 APACHE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOELE, RICHARD	
STREET ADDRESS	5655 TIMUQUANA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Goodman	
STREET ADDRESS	1377 Cassatt Avenue	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	CD	<input checked="" 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		
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 Required** *Davis* *2/13/2003* *904-555-5611x109*

CR2E037 (10/02)