

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90041 050 ***150.00

UBR 02 1 A1

DOCUMENT # 150037

1. Entity Name

SOUTHSIDE PARK COMPANY

Principal Place of Business

LAKE BYRD BLVD.
 P. O. BOX 727
 AVON PARK FL 33825

Mailing Address

LAKE BYRD BLVD.
 P. O. BOX 727
 AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0562767

Applied For

Not Applicable

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

4 G. not S
METCALFE, CHARLES G.
15 LAKE BYRD BLVD
POST OFFICE BOX 757
AVON PK FL 33825

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | METCALFE, CHARLES G | |
| STREET ADDRESS | 15 LAKE BYRD BLVD | |
| CITY-ST-ZIP | AVON PARK FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | METCALFE, JR CHARLES G | |
| STREET ADDRESS | 200 East Charles St. | |
| CITY-ST-ZIP | AVON PARK FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | METCALFE, MARION D | |
| STREET ADDRESS | 15 LAKE BYRD BLVD | |
| CITY-ST-ZIP | AVON PARK FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 8355 East Covered Bridge Rd. (not mailing address) | |
| CITY-ST-ZIP | Avon Park, FL 33825 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cynthia Metcalfe Gons | |
| STREET ADDRESS | 13 Lake Byrd Blvd | |
| CITY-ST-ZIP | Avon Park, FL 33825 | |
| 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 | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles G. Metcalfe Pres. 3-13-02 863 4533234

Date

Daytime Phone #

CR2E034 (9/01)