

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90173 022 \*\*\*150.00

**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**

**90116079**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 727**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Avon Park**

City & State

City & State

**FL**

Zip

Country

Zip

Country

**33825**

**Highlands**

4. FEI Number **59-0562767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of Registered Agent

**METCALFE, CHARLES GINOT G.**  
**15 LAKE BYRD BLVD**  
**POST OFFICE BOX 757**  
**AVON PK FL 33825**

Name  
**metcalfe, Charles G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 727 not 757**  
City  
**Avon Park, FL** **FL** Zip Code  
**33826**

I, 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 *Charles G. Metcalfe*  
Signature, typed or printed name of registered agent and title if applicable.

**Charles G. Metcalfe Pres**

**4-28-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **METCALFE, CHARLES G**  
STREET ADDRESS **15 LAKE BYRD BLVD**  
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **METCALFE, JR CHARLES G**  
STREET ADDRESS **8355 EAST COVERED BRIDGE RD**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **METCALFE, MARION D**  
STREET ADDRESS **15 LAKE BYRD BLVD**  
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **METOAFE GUNES, CYNTHIA**  
STREET ADDRESS **13 LAKE BYRD**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition  
NAME **metcalfe, GROSS, Cynthia**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

*Cynthia Metcalfe Gross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Cynthia Metcalfe Gross** **4-28-03** **453-5802**

Date

Daytime Phone #

CR2E034 (10/02)