

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705593

1. Entity Name

MORNINGSIDE, INCORPORATED

Principal Place of Business

9220 102ND AVE  
SEMINOLE FL 33777  
US

Mailing Address

9220 102ND AVE  
SEMINOLE FL 33777  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0705987

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

CHEEZEM, KEN  
9220 102ND AVE  
SEMINOLE FL 33777

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SCHOLET, SUZANNE  
1637 SAN MATEO DRIVE  
DUNEDIN FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHIERHOLZ, CAROLE  
4103 CARROLLWOOD VILLAGE DR  
COCOA FL 32922

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHIEL, CATHERINE  
20272 VANGUARD TERR  
PORT CHARLOTTE FL 33954

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WILSON, EDWIN D SR  
2816 COUNTRYBROOK DRIVE  
PALM HARBOR FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Deborah Vanderslice  
19 Indian River Drive #702  
Cocoa, FL 32922  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROCKENFELLER, WILLIAM  
25 S MCMULLEN BOOTH ROAD  
CLEARWATER FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
THURMAN, JAMES E JR  
576 13TH AVE NE  
ST PETERSBURG FL 33701

☐ Delete

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

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.

James E Thurman, Jr.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/15/2002 727-398-3808

Date Daytime Phone #

CR2E037 (9/01)