

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733518

1. Entity Name

WESTSIDE CLUB, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90015 020 ****61.25

Principal Place of Business

4615 LEXINGTON AVE
JACKSONVILLE FL 32210

Mailing Address

P O BOX 7056
JACKSONVILLE FL 32238-0056
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1830595

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARTSCHLAG, ANNE H
7952 FALCON ST
JACKSONVILLE FL 32244

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 DP ☐ Delete
NAME FOYDA, JON
STREET ADDRESS 1227 SKYE DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME RONALD NELSON
STREET ADDRESS 4207 CONFEDERATE PT. RD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE DT ☐ Delete
NAME HARTSCHLAG, ANNE
STREET ADDRESS 7952 FALCON ST
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DS ☐ Delete
NAME O'CONNOR, COLLEEN
STREET ADDRESS 4353 HERSCHEL ST APT 1
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME DS
NAME THOMAS LUCKETT
STREET ADDRESS 4451 HERSCHEL ST., JAX, FL 32205

TITLE DBM ☐ Delete
NAME BOIKE, RON
STREET ADDRESS 5342 SEABOARD AVE #75
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME DVP
NAME RON BOIKE
STREET ADDRESS 6121 COLLINS RD., JAX, FL 32244

TITLE DVP ☐ Delete
NAME RICHARDSON, WANDA
STREET ADDRESS 10327 DENTON RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME DBM
NAME PAUL JINKNER
STREET ADDRESS 8348 WESTOVER CT., JAX, FL 32244

TITLE DBM ☐ Delete
NAME HALL, EDWARD
STREET ADDRESS P O BOX 4876
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME DBM
NAME LEO VOGEL
STREET ADDRESS 1747 PINEGROVE AVE., JAXFL 32205

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)