

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 733518**

1. Entity Name

WESTSIDE CLUB, INC.

Principal Place of Business

**4615 LEXINGTON AVE
JACKSONVILLE FL 32210**

Mailing Address

**P O BOX 7056
JACKSONVILLE FL 32238
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

59-1830595

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

**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	<input checked="" type="checkbox"/> Delete
NAME	NELSON, RONALD	
STREET ADDRESS	4207 CONFEDERATE PT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE HARDEN	
STREET ADDRESS	4848 COLONIAL AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

TITLE	DT	<input type="checkbox"/> Delete
NAME	HARTSCHLAG, ANNE	
STREET ADDRESS	7952 FALCON ST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LUCKETT, THOMAS	
STREET ADDRESS	4451 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN OCONNOR	
STREET ADDRESS	4353 HERSCHEL ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BOIKE, RON	
STREET ADDRESS	6121 COLLINS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD NELSON	
STREET ADDRESS	4207 CONFEDERATE PT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	DBM	<input checked="" type="checkbox"/> Delete
NAME	JINKER, PAUL	
STREET ADDRESS	8348 WESTOVER CT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	DBM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE JOHNS	
STREET ADDRESS	3063 WATER ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	DBM	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, LEO	
STREET ADDRESS	1747 PINEGROVE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

TITLE	DBM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON BOIKE	
STREET ADDRESS	1800 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

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 OF ANNE HARTSCHLAG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012836

CR2E037 (10/00)