

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90112 008 \*\*\*\*61.25

0060410

**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 &amp; State

City &amp; 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

**HARTSCHLAG, ANNE H  
7952 FALCON ST  
JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent

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

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NELSON, RONALD	
STREET ADDRESS	4507 CONFEDERATE POINT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HARDEN, GEORGE	
STREET ADDRESS	4848 COLONIAL AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DBM	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, JANICE	
STREET ADDRESS	3063 WATER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DBM	<input checked="" type="checkbox"/> Delete
NAME	BOIKE, RON	
STREET ADDRESS	1800 BLANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CONNOR, COLLEEN	
STREET ADDRESS	4353 HERSHCEL STREET	
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 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM	
STREET ADDRESS	7415 IMPALA RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH PRITCHARD	
STREET ADDRESS	5741 RICHMOND RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	DBM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RONALD	
STREET ADDRESS	4507 CONFEDERATE PT. RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	DBM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, RUSSELL	
STREET ADDRESS	3542 ROCKWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JANICE	
STREET ADDRESS	3063 WATER ST?	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)