

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90003 026 ****61.25

DOCUMENT # 748573

1. Entity Name

WESTSIDE BUSINESS LEADERS ASSOC. INC.

Principal Place of Business

**4224 ORISTANO RD
 JACKSONVILLE FL 32210
 US**

Mailing Address

**P O BOX 7243
 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

59-2151371

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BALLMAN, RICHARD E
 4224 ORISTANO RD
 JACKSONVILLE FL 32210**

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
**PDE
 SHAFFIELD, BRIAN E
 3591 SANCTUARY WAY S
 JACKSONVILLE FL 32222** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**C-KATRINA PITHS
 2592 Ashford CT.
 ORANGE PARK, FL 32073** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 PIERSON, NANCY
 2004 JONES RD
 JACKSONVILLE FL 32220** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P BRIN CARTER
 2839 KIOWA. AVE.
 ORANGE PARK, FL 32065** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 BROCATO, ANTHONY W.
 5291 COLLINS RD.
 JACKSONVILLE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D JONATHAN Goodman
 9117 Kings Colony Rd.
 Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 FIELDS, VERNA
 9353 STAPLES MILL DR
 JACKSONVILLE FL 32244** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D DAN Schaefer
 3 Mitchell Court.
 ORANGE PARK, FL 32073** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 BALLMAN, RICHARD E
 4224 ORISTANO RD.
 JACKSONVILLE, FL 00000** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D CARL Moore, Jr.
 4157 Sawdust Ave.
 Jacksonville, FL 32210** ☐ Delete **RA.**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

1/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)