

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90132 043 ****61.25

DOCUMENT # 748573

1. Entity Name

WESTSIDE BUSINESS LEADERS ASSOC. INC.

Principal Place of Business

Mailing Address

4224 ORISTANO RD
JACKSONVILLE FL 32210
US

P O BOX 7243
JACKSONVILLE FL 32238
US

2. Principal Place of Business

3. Mailing Address

4751 Apache Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32210

Country

USA

Zip

32210

Country

USA

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

BALLMAN, RICHARD E
4224 ORISTANO RD
JACKSONVILLE FL 32210

Name

DAVIS, DOUGLAS

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

4751 Apache Avenue

City

Jacksonville

FL

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/2002
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	PD	☒ Delete
NAME	SHAFFIELD, BRIAN E	
STREET ADDRESS	3591 SANCTUARY WAY S	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	VD	☒ Delete
NAME	PIERSON, NANCY	
STREET ADDRESS	2004 JONES RD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	VD	☒ Delete
NAME	BROCATO, ANTHONY W.	
STREET ADDRESS	5291 COLLINS RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	☒ Delete
NAME	FIELDS, VERA	
STREET ADDRESS	9353 STAPLES MILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SD	☒ Delete
NAME	BALLMAN, RICHARD E	
STREET ADDRESS	4224 ORISTANO RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	☒ Delete
NAME	MOORE, CARL JR.	
STREET ADDRESS	4157 SAN JUAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	VD	☐ Change ☒ Addition
NAME	DARBY, RICHARD	
STREET ADDRESS	8525 Camshire Ct	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	CD	☒ Change ☒ Addition
NAME	SHEFFIELD, BRIAN	
STREET ADDRESS	3591 Sanctuary Way S	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	PD	☒ Change ☒ Addition
NAME	Pierston, Nancy	
STREET ADDRESS	2004 Jones Rd	
CITY-ST-ZIP	Jacksonville, FL 32220	
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☐ Change ☒ Addition
NAME	DAVIS, DOUGLAS	
STREET ADDRESS	4751 Apache Avenue	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	VD	☐ Change ☒ Addition
NAME	Thoele, Richard	
STREET ADDRESS	5655 Timuquana Rd	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNA N. FIELDS 1/9/02 904-573-1106

Date

Daytime Phone #

CR2E037 (9/01)