# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 17, 2003 8:00 am**
**Secretary of State**
02-17-2003 90264 001 ****61.25

DOCUMENT # 748573

1. Entity Name
WESTSIDE BUSINESS LEADERS ASSOC. INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4751 APACHE AVENUE<br>JACKSONVILLE FL 32210<br>US | P O BOX 7243<br>JACKSONVILLE FL 32238<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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 |
|---|---|
| DAVIS, DOUGLAS<br>4751 APACHE AVENUE<br>JACKSONVILLE FL 32210 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2/13/2003 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>SHAFFIELD, BRIAN E<br>3591 SANCTUARY WAY S<br>JACKSONVILLE BEACH FL 32250 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Jonathan Goodman<br>1377 Cassatt Ave.<br>Jacksonville, FL 32205 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PIERSON, NANCY<br>2004 JONES RD<br>JACKSONVILLE FL 32220 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DARBY, RICHARD<br>8525 CAMSHIRE COURT<br>JACKSONVILLE FL 32244 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FIELDS, VERNA<br>9353 STAPLES MILL DR<br>JACKSONVILLE FL 32244 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DAVIS, DOUGLAS<br>4751 APACHE AVENUE<br>JACKSONVILLE FL 32210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>THOELE, RICHARD<br>5655 TIMUGUANA ROAD<br>JACKSONVILLE FL 32210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 5655 TIMUQUANA Rd | ☒ Change ☐ Addition |

CR2E037 (10/02)

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 Douglas Davis 2/13/2003 904-353-5611x109