

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90344 013 ****70.00

DOCUMENT # 761308

1. Entity Name

SOUTHSIDE ESTATES ATHLETIC ASSOCIATION, INC.



Principal Place of Business

**9827 SOUTH JUPITER COURT
JACKSONVILLE FL 32216
US**

Mailing Address

**10281 JOHNNA KAY CT
JACKSONVILLE FL 32220
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0389594**

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

**OPACHICH, DENISE
10281 JOHNNA KAY CT
JACKSONVILLE FL 32220**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **LAROSA, ROB**
STREET ADDRESS **2760 S STONEHEDGE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **BD** ☐ Change ☒ Addition
NAME **Gary Spivey**
STREET ADDRESS **6118 Sack Dr S.**
CITY-ST-ZIP **Jacksonville FL 32216**

TITLE **VD** ☐ Delete
NAME **MORANDO, BOB**
STREET ADDRESS **3769 WAYLAND STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

TITLE **STD** ☐ Delete
NAME **OPACHICH, DENISE**
STREET ADDRESS **10281 JOHNNA KAY CT**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

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

TITLE **BD** ☐ Delete
NAME **GONZALEZ, STEVE**
STREET ADDRESS **3770 EUNICE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

TITLE **FRD** ☒ Delete
NAME **PARKER, CARL**
STREET ADDRESS **677 BOX BRANCH**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Denise M. Opachich** **1-24-03** **783-2083**

CR2E037 (10/02)