

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763584

1. Entity Name

NORTHSIDE ATHLETIC ASSOCIATION, INC.

Principal Place of Business

13410 DUNN CREEK ROAD  
P. O. BOX 28115  
JACKSONVILLE FL 32218

Mailing Address

P.O. BOX 28115  
JACKSONVILLE FL 32226-8115

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, DAVID  
11839 LEAFDALE CIRCLE E.  
JACKSONVILLE FL 32218

*Signature* David Edwards

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, DAVID	
STREET ADDRESS	11839 LEAFDALE CIRCLE E.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DAVID	
STREET ADDRESS	11839 LEAFDALE CIR E.	
CITY-ST-ZIP	JAX FL 32218	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORRIS, MELINDA	
STREET ADDRESS	13410 DUNN CREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIZEMORE, CHERYL	
STREET ADDRESS	13410 DUNN CREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, KEVIN	
STREET ADDRESS	13410 DUNN CREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13522 Dunn Creek Rd.	
CITY-ST-ZIP	Jax, FL 32218	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Turknett	
STREET ADDRESS	11477 Soforenko Dr	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Raulerson	
STREET ADDRESS	5953 Heckscher Dr.	
CITY-ST-ZIP	Jacksonville, FL 32226	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan M. Edwards	
STREET ADDRESS	13522 Dunn Creek	
CITY-ST-ZIP	Jacksonville	
TITLE	Morris, Melinda D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13410 Dunn Creek	
STREET ADDRESS	Jacksonville, FL 32218	
CITY-ST-ZIP		
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: *Tammy Raulerson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-00

Date

(904) 757-7750

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 20, 2000 8:00 am  
Secretary of State

04-20-2000 90064 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE