

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90083 006 ****61.25

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

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, DAVID
 11839 LEAFDALE CIRCLE E.
 JACKSONVILLE FL 32218

Name **Bonnie Turknett**

Street Address (P.O. Box Number is Not Acceptable)
11477 Soforenko Dr.

City **Jacksonville** **FL** Zip Code **32218**

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

Tammy Raulerson

Treasurer
President

01-22-01

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 **PD** Delete
 NAME **EDWARDS, DAVID**
 STREET ADDRESS **13522 DUNN CREEK RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **PD** Change Addition
 NAME **Turknett, Bonnie**
 STREET ADDRESS **11477 Soforenko Dr.**
 CITY-ST-ZIP **Jax, FL 32218**

TITLE **V** Delete
 NAME **TURKNETT, BONNIE**
 STREET ADDRESS **11477 SOFORENKO DR.**
 CITY-ST-ZIP **JAX FL 32218**

TITLE **V** Change Addition
 NAME **Naylor, Leann**
 STREET ADDRESS **13347 Grover Rd**
 CITY-ST-ZIP **JAX, FL 32226**

TITLE **VP** Delete
 NAME **MORRIS, MELINDA**
 STREET ADDRESS **13410 DUNN CREEK**
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **S** Change Addition
 NAME **wallace, Kim**
 STREET ADDRESS **3342 Ersie Court**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **T** Delete
 NAME **RAWERSON, TAMMY**
 STREET ADDRESS **5953 HECKSCHER DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **T** Change Addition
 NAME **Raulerson, Tammy**
 STREET ADDRESS **5953 Heckscher Dr.**
 CITY-ST-ZIP **Jax, FL 32226**

TITLE **S** Delete
 NAME **EDWARDS, SUSAN**
 STREET ADDRESS **13522 DUNNCREEK**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MELINDA, MORRIS**
 STREET ADDRESS **13410 DUNN CREEK**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** Change Addition
 NAME **Estes, Susan**
 STREET ADDRESS **2462 New Berlin Rd**
 CITY-ST-ZIP **Jax, FL 32218**

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 **UBR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-01

Date

904-751-7750

Daytime Phone #

CR2E037 (10/00)