

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

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90055 043 \*\*\*\*61.25

**DOCUMENT # 768677**

1. Entity Name

**NORTHSIDE PROPERTIES, INC. II**



Principal Place of Business

**12512 BRUCE B. DOWNS  
TAMPA FL 33612**

Mailing Address

**12512 BRUCE B. DOWNS  
TAMPA FL 33612**

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 **59-2298392**

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

**STANLEY, DONALD W. JR**

**101 E. KENNEDY BLVD.**

**SUITE 1240**

**TAMPA FL 33601**

Name

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

**202 S. Rome**

**Suite 100**

City  
**Tampa**

**FL**

Zip Code  
**33606**

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 **VD** ☐ Delete  
NAME **ROSS, ESTELLE**  
STREET ADDRESS **5206 FAIRWAY ONE DRIVE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VD** ☒ Change ☐ Addition  
NAME **William Johnson, CPA**  
STREET ADDRESS **3804 Gunn Highway**  
CITY-ST-ZIP **Tampa FL 33624-4720**

TITLE **PD** ☐ Delete  
NAME **STANLEY, DONALD W., JR.**  
STREET ADDRESS **101 E. KENNEDY BLVD., SUITE 1240**  
CITY-ST-ZIP **TAMPA FL 33601**

TITLE ☒ Change ☐ Addition  
NAME **202 S. Rome, Ste. 100**  
STREET ADDRESS **Tampa FL 33606**  
CITY-ST-ZIP

TITLE **SDTD** ☐ Delete  
NAME **WINTON, DOUGLAS**  
STREET ADDRESS **9400 N 56TH ST**  
CITY-ST-ZIP **TEMPLE TERRACE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *William Johnson*

*William Johnson* [William Johnson

2/18/03

(813) 265-2717

CR2E037 (10/02)