

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-14-2001 90005 047 ****61.25

DOCUMENT # N00000004567

1. Entity Name

CLUB NORTHSIDERS CLUB INC.

Principal Place of Business

1553 W. 45TH STREET
JACKSONVILLE FL 32208

Mailing Address

1553 W. 45TH STREET
JACKSONVILLE FL 32208

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3725106

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, BETTY
5647 CASTELLANO AVENUE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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.

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
NAME SIMMONS, BETTY
STREET ADDRESS 5647 CASTELLANO AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE SD
NAME WILLIAMS, CARMLITA
STREET ADDRESS 7403 FERNANDINA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE TD
NAME ROSIER, KATHY
STREET ADDRESS 1442 RIBAUT SCENIC DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 *Betty Simmons* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-282001 904-764-4545

CR2E037 (10/00)