

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006799

1. Entity Name

SOUTHSIDE TRUCKERS CLUB, INC.

FILED

Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90052 030 *****61.25

Principal Place of Business

3638 - 16TH AVE. S.
ST PETERSBURG FL 33711

Mailing Address

3638 - 16TH AVE. S.
ST PETERSBURG FL 33711

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 65-1072679

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

COSBY, ALEXANDER
3638 - 16TH AVE. S.
ST PETERSBURG FL 33711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME COSBY, ALEXANDER
STREET ADDRESS 3638 - 16TH AVE. S.
CITY-ST-ZIP ST PETERSBURG FL 33711 ☐ Delete

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

TITLE VD
NAME LESTER, LONNIE
STREET ADDRESS 3638 - 16TH AVE. S.
CITY-ST-ZIP ST PETERSBURG FL 33711 ☐ Delete

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

TITLE T
NAME LESTER, BEATRICE
STREET ADDRESS 3638 - 16TH AVE. S.
CITY-ST-ZIP ST PETERSBURG FL 33711 ☐ Delete

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

TITLE TS
NAME PETERSON, WILLIE MAE
STREET ADDRESS 3638 - 16TH AVE. S.
CITY-ST-ZIP ST PETERSBURG FL 33711 ☐ Delete

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
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: ALEXANDER COSBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 727-321-7040
Date Daytime Phone #

CR2E037 (9/01)