

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08823

1. Entity Name

NORTHSIDE PROPERTIES, INC. III

Principal Place of Business

12512 BRUCE B. DOWNS BLVD.
TAMPA FL 33612

Mailing Address

12512 BRUCE B. DOWNS BLVD.
TAMPA FL 33612-9209

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

59-2551427

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 33601-2111

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 STANLEY, DONALD W., JR. ☐ Delete
STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 1240
CITY-ST-ZIP TAMPA FL 33601-2111

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

TITLE STD
NAME WINTON, DOUGLAS ☐ Delete
STREET ADDRESS 9400 N. 58TH ST.
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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.

Estelle Ross, Vice-President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-2000

Date

932-1301

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)