

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14253

1. Entity Name

WESTSIDE ATHLETIC ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

6045 105TH ST.
JACKSONVILLE FL 32244
US

6121 COLLINS RD
14
JACKSONVILLE FL 32244-5837
US

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

10-0332900

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

Name

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

City

FL

Zip Code

EBRED, RICHARD J JR
6121 COLLINS RD., #14
JACKSONVILLE FL 32244

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 ☐ Delete
NAME DP
STREET ADDRESS EBRED, RICHARD JR
CITY-ST-ZIP 6121 COLLINS RD., #14
JACKSONVILLE FL 32244

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

TITLE ☒ Delete
NAME DT
STREET ADDRESS RAPOZA, KELLY
CITY-ST-ZIP 5880 OAKLANE DR.
JACKSONVILLE FL

TITLE ☐ Change ☒ Delete
NAME DT
STREET ADDRESS TAMMY SQUIRES
CITY-ST-ZIP 6021 ELMGROVE AVE.
JACKSONVILLE FL 32244

TITLE ☒ Delete
NAME DV
STREET ADDRESS RAPOZA, PAT
CITY-ST-ZIP 5880 OAK LANE DR
JACKSONVILLE FL 32244

TITLE ☐ Change ☒ Delete
NAME DV
STREET ADDRESS FRANK RITZMANN
CITY-ST-ZIP 4725 BURGUNDY ROAD
JACKSONVILLE, FL 32244

TITLE ☐ Delete
NAME DS
STREET ADDRESS MANOR, SHERRY
CITY-ST-ZIP 7839 ALLSPIKE CIR W
JACKSONVILLE FL 32244

TITLE ☒ Change ☐ Delete
NAME DS
STREET ADDRESS SHERRY MANOR
CITY-ST-ZIP 5623 MARATHON PARKWAY
JACKSONVILLE, FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

RICHARD J. EBRED JR.

1/8/2000

904-384-8772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #