

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14253

1. Entity Name

WESTSIDE ATHLETIC ASSOCIATION INCORPORATED

Principal Place of Business

6045 105TH ST.
JACKSONVILLE FL 32244
US

Mailing Address

6121 COLLINS RD
14
JACKSONVILLE FL 32244
US

2. Principal Place of Business

6045 105th St

3. Mailing Address

9610 Grove Hill Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jacksonville, FL

Zip

32244

Country

U.S.A.

Zip

32222

Country

U.S.A.

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

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

7. Name and Address of New Registered Agent

Name

Williams, Rev

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

9610 Grove Hill Ln

City

Jacksonville

FL

Zip Code
32222

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

 Ron Williams - DP

1-12-01

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	DP	<input checked="" type="checkbox"/> Delete
NAME	EBRED, RICHARD JR	
STREET ADDRESS	6121 COLLINS RD., #14	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SQUIRES, TAMMY	
STREET ADDRESS	6021 ELMGROVE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RITZMAN, FRANK	
STREET ADDRESS	4725 BURGUNDY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MANOR, SHERRY	
STREET ADDRESS	5623 MARATHON PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev Williams	
STREET ADDRESS	9610 Grove Hill Ln	
CITY-ST-ZIP	Jax, FL 32222	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dana Denney	
STREET ADDRESS	5389 Vivera Dr	
CITY-ST-ZIP	Jax, FL 32244	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emie Shunk	
STREET ADDRESS	7741 Auspice Cir	
CITY-ST-ZIP	Jax, FL 32244	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Williams	
STREET ADDRESS	9610 Grove Hill Ln	
CITY-ST-ZIP	Jax, FL 32222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

 Ron Williams - DP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

904-355-1426 Ext 154

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90173 012 ****70.00



DO NOT WRITE IN THIS SPACE