

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/9/00-90084-035-\$61.25-\$61.25

APPROVED  
AND  
FILED

*Pat*

00 OCT 27 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N35285**

1. Entity Name

**NORTHSIDE CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 26234  
JACKSONVILLE FL 32226

P.O. BOX 26234  
JACKSONVILLE FL 32226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2998577

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOSTWICK, VAL  
1031 OCEAN BLVD.  
ATLANTIC BEACH FL 32233

Name

*Dorothy D. Mathias*

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

*341 Baisden Rd.*

City

*Jacksonville*

FL

Zip Code

*32218*

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

*Dorothy D. Mathias, President*

(NOTE: Registered Agent signature required when reinstating)

DATE

*10-4-00*

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<input checked="" type="checkbox"/> Delete
NAME	BOSTWICK, VAL	
STREET ADDRESS	1031 OCEAN BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	1VD	<input checked="" type="checkbox"/> Delete
NAME	MATHIAS, DOROTHY.D	
STREET ADDRESS	341 BAISDEN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	REED, MADELINE	
STREET ADDRESS	9209 FREDERICK ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRIME, JAMES C.	
STREET ADDRESS	7153 RICHARDSON RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	BTD	<input type="checkbox"/> Delete
NAME	MULDROW, OLIVER	
STREET ADDRESS	3020 CLYDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy D. Mathias	<i>D</i>
STREET ADDRESS	341 Baisden Rd.	
CITY-ST-ZIP	Jacksonville, Fl. 32218	
TITLE	12 P.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delores Spruill	<i>D</i>
STREET ADDRESS	15333 Cane Drive S.	
CITY-ST-ZIP	Jacksonville, Fl. 32226	
TITLE	24 P.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Madeline Reed	
STREET ADDRESS	9209 Frederick St.	
CITY-ST-ZIP	Jacksonville, Fl.	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Duke	<i>D</i>
STREET ADDRESS	1281 Crystal Sands Dr.	
CITY-ST-ZIP	Jacksonville, Fl. 32218	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliver Muldrow	
STREET ADDRESS	3020 Clyde Dr.	
CITY-ST-ZIP	Jacksonville, Fl. 32208	
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

*SIGNATURE (SEMI) JUNE 20 2000*

DATE

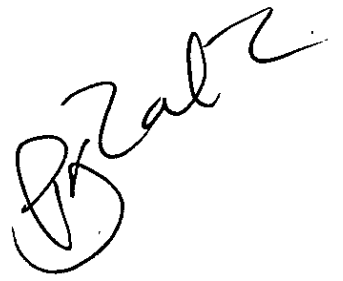
*8-9-00*

DAYTIME PHONE #

*904-720-1600*

CR2E037 (5/00)

**Northside Civic Association, Inc.**  
341 Baisden Road, Jacksonville, Fl., 32218  
904-575-4749



October 6, 2000

Division of Corporation  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

TO WHOM IT MAY CONCERN:

I called your office today and was shocked to learn that as of September 22, -2000 the Northside Civic Association was no longer listed as a corporation. The Lady I spoke to said if I wrote to you explaining our situation that you would be able to reinstate our association and may be able to forego reinstatement fees.

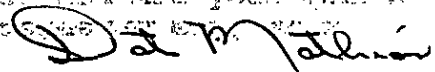
As the newly elected president of the Northside Civic Association (NCA), I filled out the Document #N35285, signed the bottom line, and enclosed a check in the amount of \$61.25. This form was mailed, in good faith, on August 7, 2000. I thought all requirements had been met - unfortunately, I neglected to sign "line 8".

NCA recesses for the summer months. We receive our mail at a P.O. Box. There were two keys, however, one key was lost during the past administration. Therefore, the treasurer had the only key and was unable to get to the Post Office during the months of August and September. The mail was picked up in time for our October 4th meeting. Until that time I was unaware that I had neglected to sign "line 8".

NCA has been incorporated for the past eleven years and we have been very proud of our incorporation and never had anything like this happen to us before. I am very embarrassed over this situation. Another key has been ordered and I can assure you, in the future, the P.O. box will be monitored on a regular basis.

Please let me hear from you as soon as possible in regards to our re-instatement. We are a small association and do not have a lot of money in our treasury, so we would be very grateful if you could forego reinstatement fees. Please let me hear from you as soon as possible and address all correspondence to my home address rather than the P.O. Box.

Sincerely,



Dot Mathias, President  
341 Baisden Rd.  
Jacksonville, Fl. 32218

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