2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9200000100**

SOUTHSIDE COMMERCE ASSOCIATION, INC.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

PUMPHREY, CHARLES

TALLAHASSEE FL 32301

DAUGHTRY, THOMAS

4706 CAPITAL CIR SW

TALLAHASSEE FL 32310

803 LAKE BRADFORD RD

TALLAHASSEE FL<u>32304</u>

MOULTON, ELIZABETH R

2110 S. ADAMS STREET

1430 S. MONROE ST

TALLAHASSEE FL

TALLAHASSEE FL

HARVEY, LEE

3704 CRAWFORDVILLE HWY

PD

VD.

SD

HENRY, TONI

Principal Place of Business P.O. BOX 6241

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

9. Election Campaign Financing

Trust Fund Contribution.

X Delete

Delete

K) Delete

Delete

Delete

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TALLAHASSEE FL 32314

2. Principal Place of Business

Suite, Apt. #, etc.

PENSON, ALBERT C 701 E TENNESSEE ST TALLAHASSEE FL 32308

City & State

Zìp

SIGNATURE

10.

TITLE

NAME

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TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

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P.O. BOX 6241

TALLAHASSEE FL 32314-6241

Apr 25, 2000 8:00 am Secretary of State

Country

Name

PD

VD.

Thomas, Tec

671 West Gaines St

Pumphrey, Charles

Tallahassee FL 32304

3704 Crawfordville Hwy

11.

TITLE

NAME

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NAME

STREET ADDRESS

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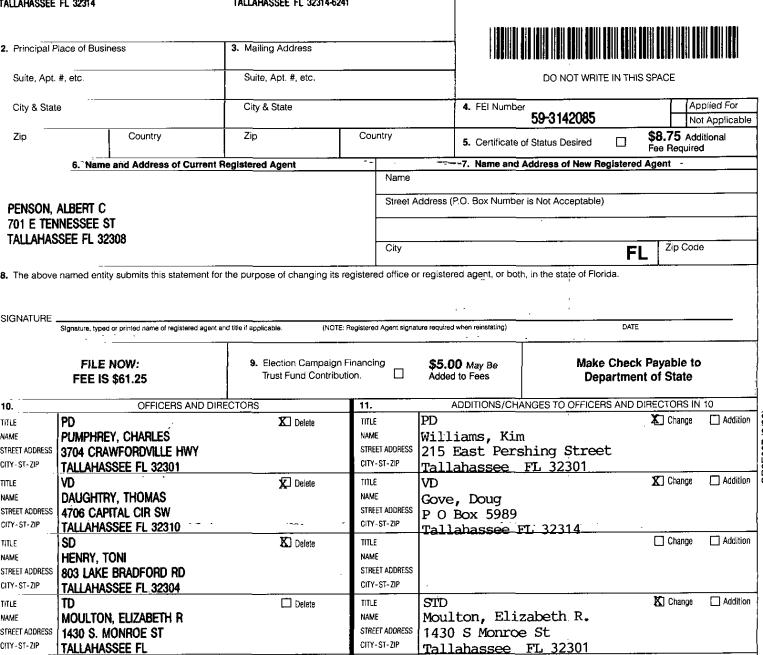
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Tallahassee FL 32301 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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:

WEDVERTABLER RMONETAL

Change

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Addition

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