

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000100

1. Entity Name

SOUTHSIDE COMMERCE ASSOCIATION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90146 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 6241  
TALLAHASSEE FL 32314

P.O. BOX 6241  
TALLAHASSEE FL 32314-6241

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

59-3142085

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

PENSON, ALBERT C  
701 E TENNESSEE ST  
TALLAHASSEE FL 32308

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:**  
**FEES 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PUMPHREY, CHARLES	
STREET ADDRESS	3704 CRAWFORDVILLE HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAUGHTRY, THOMAS	
STREET ADDRESS	4706 CAPITAL CIR SW	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HENRY, TONI	
STREET ADDRESS	803 LAKE BRADFORD RD	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOULTON, ELIZABETH R	
STREET ADDRESS	1430 S. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, LEE	
STREET ADDRESS	2110 S. ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Kim	
STREET ADDRESS	215 East Pershing Street	
CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gove, Doug	
STREET ADDRESS	P O Box 5989	
CITY-ST-ZIP	Tallahassee FL 32314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moulton, Elizabeth R.	
STREET ADDRESS	1430 S Monroe St	
CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Tec	
STREET ADDRESS	671 West Gaines St	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pumphrey, Charles	
STREET ADDRESS	3704 Crawfordville Hwy	
CITY-ST-ZIP	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:

*Elizabeth R Moulton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

(850) 222-8804

Date

Daytime Phone #

CR2E037 (9/99)