

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90270 042 ****61.25

012408



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000409

1. Entity Name

SOUTHSIDE YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business

**6801 ALTAMA RD
 JACKSONVILLE FL 32216**

Mailing Address

**P O BOX 17466
 JACKSONVILLE FL 32216**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**MURPHY, JOSEPH T
 2878 DICKIE CT.
 JACKSONVILLE FL 32216**

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:
 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 **PD** ☒ Delete
 NAME **BUSIL, ERIC L**
 STREET ADDRESS **6920 NORTH HOUDRY ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Butterbrodt, John**
 STREET ADDRESS **859 Palmero Rd.**
 CITY-ST-ZIP **Jax FL 32216**

TITLE **VPD** ☒ Delete
 NAME **WOODARD, GLENDA**
 STREET ADDRESS **6405 STARLING AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition
 NAME **Vacant**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **LUCAS, LISA**
 STREET ADDRESS **7060 HOLIDAY HILL COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Solomon, Karen**
 STREET ADDRESS **1938 East Rd.**
 CITY-ST-ZIP **Jax FL 32216**

TITLE **SD** ☒ Delete
 NAME **TURNER, JOYCE**
 STREET ADDRESS **1290 OVINGTON ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Sheri Whited**
 STREET ADDRESS **324 Spring Forest Rd**
 CITY-ST-ZIP **Jax FL 32216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)