

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005902

1. Entity Name

OLD RASCALS NORTHSIDE MEN'S ASSOCIATION, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90016 032 \*\*\*\*61.25

Principal Place of Business

5562 AVENUE B  
JACKSONVILLE FL 32209  
US

Mailing Address

5562 AVENUE B  
JACKSONVILLE FL 32209-2602  
US

2. Principal Place of Business

5516 SOUTEL DR.

3. Mailing Address

2915 AUBREY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32208

Country

U.S.

Zip

32208

Country

U.S.

4. FEI Number

65-0795615

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, GEORGE  
8525 LAURENS RD.  
JACKSONVILLE FL 32208  
3

7. Name and Address of New Registered Agent

Name: DONALD MILTON  
Street Address (P.O. Box Number is Not Acceptable): 8216 DELEWANE AVE.  
City: JACKSONVILLE FL Zip Code: 32208

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: DONALD A. MILTON Donald A. Milton 4/22/00

-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	DT	Delete
NAME	FISHBURN, ELIJAH	
STREET ADDRESS	8120 MERIVALE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DVP	Delete
NAME	GREEN, CLARENCE	
STREET ADDRESS	5103 FREDERICKSBURG AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DS	Delete
NAME	PHILLIP, ERVIN	
STREET ADDRESS	1231 KENMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DST	Delete
NAME	WHITE, SAM	
STREET ADDRESS	1710 OKHURT AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	Delete
NAME	SIMMONS, LARRY	
STREET ADDRESS	4636 WRICO DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	Delete
NAME	MCLAUGHLIN, WILLIE JR.	
STREET ADDRESS	2390 KINWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DF	Change	Addition
NAME	Freddie McCLain, Jr		
STREET ADDRESS	2915 AUBREY AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		
TITLE	DFS	Change	Addition
NAME	Donald Milton		
STREET ADDRESS	8216 DELEWANE AVE.		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		
TITLE	SA	Change	Addition
NAME	George Ward		
STREET ADDRESS	8525 LAURENS RD.		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
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 OF REGISTERED AGENT / Freddie McCLain, Jr / 4/21/00 904-693-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)