

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005902**

1. Entity Name

OLD RASCALS NORTHSIDE MEN'S ASSOCIATION, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90114 030 ****61.25

0011282

Principal Place of Business

5516 SOUTEL DR
JACKSONVILLE FL 32208
US

Mailing Address

2915 AUBREY AVE
JACKSONVILLE FL 32208
US

2. Principal Place of Business

3. Mailing Address

8120 MERIVALE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32208

FL

4. FEI Number

65-0795615

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MILTON, DONALD
8216 DALEWARE AVE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	FISHBURN, ELIJAH	
STREET ADDRESS	8120 MERIVALE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GREEN, CLARENCE	
STREET ADDRESS	5103 FREDERICKSBURG AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIP, ERVIN	
STREET ADDRESS	1231 KENMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCCLAIN, FREDDIE JR	
STREET ADDRESS	2905 AUBREY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DFS	<input type="checkbox"/> Delete
NAME	MILTON, DONALD	
STREET ADDRESS	8216 DELWARE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SA	<input checked="" type="checkbox"/> Delete
NAME	WARD, DONALD	
STREET ADDRESS	8523 LAURENE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)