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May 06, 2003 8:00 am
Secretary of State
05-06-2003 90026 016 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000401

1. Entity Name
SOUTHSIDE BUSINESS ASSOCIATION, INC.

90130335

Principal Place of Business	Mailing Address
4100 S DIXIE HIGHWAY SUITE A WEST PALM BEACH, FL 33405	4100 S DIXIE HIGHWAY SUITE A WEST PALM BEACH, FL 33405

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5100 S. Dixie Highway Suite, Apt. #, etc.
City & State	City & State: West Palm Beach, FL
Zip / Country	Zip: 33405 / Country: USA

4. FEI Number: 65-0679614 ☐ 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
FOOSE, KARL J 4100 S DIXIE HIGHWAY SUITE A WEST PALM BEACH, FL 33405	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASOLARE, JOSEPH 6313 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Randy Bianchi 915 N. Dixie HWy., LakeWorthFL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOOSE, KARL 4100 S DIXIE HWY STE A WEST PALM BEACH, FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPARLER, SYLVIA A 4100 S DIXIE HIGHWAY, STE C WEST PALM BEACH, FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHILDERS, TIMOTHY C 5100 S DIXIE HWY STE 6 W PALM BCH, FL 33045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONTRERAS, ELENA E 399 FOREST HILL BLVD W PALM BCH, FL 334054651	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tim Dermott 399 Forest Hill Blvd W. Palm Beach, FL 33405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HESSION, SUSAN L 6309 S DIXIE HWY W PALM BCH, FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Betty Wilson 5909 S. Dixie Highway West Palm Beach, FL 33405	☐ Change ☒ Addition

CR2E037 (10/02)

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: Sylvia Casolare Foosle Director 4/30/03 561-655-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #