

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005065

1. Entity Name

WEST SIDE DEVELOPMENT COOPERATIVE OF OCALA NONPR
OFIT, INC.

Principal Place of Business

Mailing Address

706 S.W. MARTIN LUTHER KING AVENUE
OCALA FL 34474

706 S.W. MARTIN LUTHER KING AVENUE
OCALA FL 34474

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

59-3585284

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

BROWN, F. L
706 S.W. MARTIN LUTHER KING AVENUE
OCALA FL 34474

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
NAME BROWN, F. L
STREET ADDRESS 3850 S.E. 22ND AVENUE
CITY-ST-ZIP OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LANGSTON, LILLIE M
STREET ADDRESS 2301 NW 24 RD
CITY-ST-ZIP OCALA FL 32625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME BROWN, ANGELA
STREET ADDRESS 2301 NW 24TH ROAD
CITY-ST-ZIP OCALA FL 34475-4813

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02 352-840-0820
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)