

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005805

1. Entity Name

EASTSIDE COMMUNITY DEVELOPMENT, INC.

R

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90008 032 \*\*\*\*61.25

Principal Place of Business

24 W. 22ND ST.  
JACKSONVILLE FL 32206

Mailing Address

24 W. 22ND ST.  
JACKSONVILLE FL 32206

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3597257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERRING, SHADE J  
6403 HOWE DR.  
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 \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 PD ☐ Delete  
NAME HERRING, SHADE J  
STREET ADDRESS 6403 HOWE DR.  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD ☐ Delete  
NAME MILLIGAN, KIMBERLY  
STREET ADDRESS 817 LONG LAKE DR.  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE TD ☐ Delete  
NAME WILSON, ROBERT SR.  
STREET ADDRESS 24 W. 22ND ST.  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-12-2000

904 764-1617

CR2E037 (5/00)