

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90003 049 \*\*\*150.00

0426866 AV

**DOCUMENT# P00000077951**

1. Entity Name  
**SOUTHSIDE MORTGAGE CORP.**

Principal Place of Business Mailing Address  
**4556 SOUTH MANHATTAN AVE. SUITE M 4556 SOUTH MANHATTAN AVE. SUITE M**  
**TAMPA FL 33611 TAMPA FL 33611**

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 **59-3662643** 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

**RUSSELL, G. H JR.**  
**9308 OLD PASCO ROAD**  
**WESLEY CHAPEL FL 33544**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **P WOODARD, ROBERT**  
 STREET ADDRESS **11807 N 51ST ST**  
 CITY-ST-ZIP **TEMPLE TERR FL 33617**

TITLE ☐ Delete  
 NAME **ST BROSIER, ANGELA**  
 STREET ADDRESS **5448 MARINER DR**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **President WOODARD, Robert**  
 STREET ADDRESS **702 Rob Roy Place**  
 CITY-ST-ZIP **Temple Terrace, FL 33617**  
**Address ONLY**

TITLE ☒ Change ☐ Addition  
 NAME **Vice President WOODARD, Angela**  
 STREET ADDRESS **702 Rob Roy Place**  
 CITY-ST-ZIP **Temple Terrace, FL 33617**  
**Address and Last Name**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angela Brosier* **1/8/02 813-831-0590**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Angela Brosier Vice President** Daytime Phone #

CR2E034 (9/01)

Department of Health • Vital Statistics  
STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

DOC# P00000077951

(STATE FILE NUMBER)

BOOK 615 PAGE 123

2001-30514

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ROBERT FREDRICK WOODARD JR			2. DATE OF BIRTH (Month, Day, Year) APRIL 29, 1963		
3a. RESIDENCE - CITY, TOWN, OR LOCATION TEMPLE TERRACE		3b. COUNTY HILLSBOROUGH	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) ANGELA BROSIER			5b. MAIDEN SURNAME (if different) AVILA		5c. DATE OF BIRTH (Month, Day, Year) APRIL 21, 1966
7a. RESIDENCE - CITY, TOWN, OR LOCATION TEMPLE TERRACE		7b. COUNTY HILLSBOROUGH	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Robert Fredrick Woodard Jr</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MARCH 14, 2001	
11. TITLE OF OFFICIAL GRETCHEN WHITNEY DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Gretchen Whitney</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Angela Brosier</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MARCH 14, 2001	
15. TITLE OF OFFICIAL GRETCHEN WHITNEY DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Gretchen Whitney</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

COUNTY ISSUING LICENSE HILLSBOROUGH	18. DATE LICENSE ISSUED MARCH 14, 2001	18a. DATE LICENSE EFFECTIVE MARCH 17, 2001	19. EXPIRATION DATE MAY 16, 2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Gretchen Whitney</i>		20b. TITLE DEPUTY CLERK	20c. BY D.C. GW

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) March 24, 2001		22. CITY, TOWN, OR LOCATION OF MARRIAGE 210 Inverness Avenue, Temple Terrace, Florida 33617	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Ted T. Fielland</i>		23c. ADDRESS (Of person performing ceremony) Temple Terrace, FL 33617	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Ted T. Fielland, Senior Pastor Temple Terrace Community Church		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Carol M. Hogan</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>James R. Woodard</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 263-85-4106	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	28a. NO. OF THIS MARRIAGE 2	28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) MAY 01, 1986
	30. SOCIAL SECURITY NUMBER 592-03-6256	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	32a. NO. OF THIS MARRIAGE 3	32b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	32c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) NOV. 01, 1999

DH Form 743, April 98 (Replaces Feb. 91 edition)

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE, WITNESS MY HAND AND OFFICIAL SEAL THIS 14 DAY OF MARCH, 2001.



RICHARD AKE, CLERK  
BY *James R. Woodard* D.C.