

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39764

1. Entity Name

WOODSIDE HOUSING RESOURCE FOUNDATION, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90024 014 ****61.25

Principal Place of Business

WOODS APTS
900 WOODSIDE CIRCLES
KISSIMMEE FL 34741

Mailing Address

WOODSIDE APARTMENTS
900 WOODSIDE CIRCLE
KISSIMMEE FL 34741-4738
US

2. Principal Place of Business

3. Mailing Address

3530 VICTORIA PARK Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OFFICE

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32216

USA

4. FEI Number

51-0339243

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

SCHIPPERS, JAY
900 WOODSIDE CIRCLE
KISSIMMEE FL 34741

Name

JAY SCHIPPERS

Street Address (P.O. Box Number is Not Acceptable)

3530 VICTORIA PARK Rd - OFFICE

City

JACKSONVILLE

FL

Zip Code

32216

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

Jay Schippers

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/00

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	VD	<input type="checkbox"/> Delete
NAME	SCHIPPERS, JAY	
STREET ADDRESS	900 WOODSIDE CR	3530 VICTORIA PARK Rd.
CITY-ST-ZIP	KISSIMMEE FL	JACKSONVILLE FL 32216
TITLE	S	<input type="checkbox"/> Delete
NAME	TOAN, ROBERT W.	
STREET ADDRESS	% 805 THIRD AVE.	9 WILLOW PLACE
CITY-ST-ZIP	NEW YORK NY	BROOKLYN, NY 11201
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MORT	
STREET ADDRESS	340 11TH STREET	28 REMSEN ST
CITY-ST-ZIP	BROOKLYN NY, 11201	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLUDER, GREENFIELD	
STREET ADDRESS	65 RICE ROAD	161 PLYMTON Rd.
CITY-ST-ZIP	WAYLAND MA	SUDBURY, MA, 01776
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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 #

1/13/00

CR2E037 (9/99)