

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90027 040 \*\*\*\*61.25

**DOCUMENT # P39764**

1. Entity Name

**WOODSIDE HOUSING RESOURCE FOUNDATION, INC.**

Principal Place of Business

WOODS APTS  
 900 WOODSIDE CIRCLES  
 KISSIMMEE FL 34741

Mailing Address

3530 VICTORIA PARK RD  
 OFFICE  
 JACKSONVILLE FL 32216  
 US

**00032561**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3530 VICTORIA PARK RD.**  
 Suite, Apt. #, etc.  
**OFFICE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Jacksonville Fl**  
 Zip  
**32216**

City & State

Zip

Country

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

**SCHIPPERS JAY**  
**3530 VICTORIA PARK RD**  
**OFFICE**  
**JACKSONVILLE FL 32216**

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**

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	VD	<input type="checkbox"/> Delete
NAME	SCHIPPERS, JAY	
STREET ADDRESS	3530 VICTORIA PK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOAN, ROBERT W.	
STREET ADDRESS	9 WILLOW PL	
CITY-ST-ZIP	BROOKLYN NY 11201	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MORT	
STREET ADDRESS	28 REMSEN ST	
CITY-ST-ZIP	BROOKLYN NY 11201	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLUDER, GREENFIELD	
STREET ADDRESS	161 PLYMTON RD	
CITY-ST-ZIP	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date

Daytime Phone #

**3/18/01**

CR2E037 (10/00)