

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026993

1. Entity Name

NORTHSIDE FUNDING, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90107 035 ***150.00

Principal Place of Business

9799 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

Mailing Address

9799 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

2. Principal Place of Business

11570 San Jose Blvd

3. Mailing Address

Suite, Apt. #, etc.

14

City & State

Jacksonville, Fla

City & State

4. FEI Number

59-2718504

Applied For

Not Applicable

Zip

Country

32223

US

Zip

Country

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

LEGRAND, RONALD F
9799 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEGRAND, RONALD F
9799 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LeGrand, Ronald F
11570 San Jose Blvd, #14
Jacksonville, Fla 32223

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-00

Daytime Phone #

9042620491

CR2E034 (9/99)