

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90070 011 \*\*\*150.00

DOCUMENT # **P96000026993**

1. Entity Name  
**NORTHSIDE FUNDING, INC.**



Principal Place of Business  
**11570 SAN JOSE BLVD  
14  
JACKSONVILLE FL 32223**

Mailing Address  
**9799 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32257**

2. Principal Place of Business  
**5490 Greenland Road**

3. Mailing Address  
**5490 Greenland Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville, Florida**

City & State  
**Jacksonville, Florida**

4. FEI Number **59-2718504**

Applied For  
Not Applicable

Zip  
**32257**

Country  
**USA**

Zip  
**32257**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**LEGRAND, RONALD F**

**9799 OLD ST. AUGUSTINE ROAD 5490 Greenland Rd  
JACKSONVILLE FL 32257 32258**

## 7. Name and Address of New Registered Agent

Name  
**Frank F. Keasler, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**4309 Pablo Oaks Court, Suite Five**

City  
**Jacksonville**

**FL**

Zip Code  
**32224**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **LEGRAND, RONALD F**  
STREET ADDRESS **11570 SAN JOSE BLVD - 14 5490 Greenland Rd**  
CITY-ST-ZIP **JACKSONVILLE FL 32257 32258**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition  
NAME **LeGrand, Ronald F.**  
STREET ADDRESS **5490 Greenland Road**  
CITY-ST-ZIP **Jacksonville, FL 32257**

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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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 607, 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

**4-30-03**

Date

(904) 631-2118

Daytime Phone #

CR2E034 (10/02)