

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90015 015 ***150.00

DOCUMENT # P98000096955

1. Entity Name
EAST SIDE VENTURE, INC.

Principal Place of Business

Mailing Address

~~616 10TH ST. E.
 BRADENTON FL 34208~~

~~616 10TH ST. E.
 BRADENTON FL 34208-2110~~

2. Principal Place of Business

6600 River Club Blvd
 Suite, Apt. #, etc.

3. Mailing Address

6600 River Club Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number **65-0875266**

Applied For
 Not Applicable

Zip
34202

Country
Manatee

Zip
34202

Country
Manatee

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

EDMISSION, WILLIAM
616 10TH ST. E.
BRADENTON FL 34208

Name *James Pecoraro*

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

City *Bradenton* **FL** Zip Code *34202*

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

James Pecoraro

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

(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, 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	PD PECORARO, JAMES 616 10TH ST E BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDMISSON, BILL 616 10TH ST E BRANDENTON FL 34208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <i>6600 River Club Blvd</i> <i>Bradenton FL 34202</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.

SIGNATURE: *James Pecoraro* *3/8/2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (03/00)