

2000 UNIFORM BUSINESS REPORT (UBR)

5/17/00

FILED

Jul 07, 2000 8:00 am
Secretary of State

05-17-2000 90900 020 ***150.00

DOCUMENT # P99000012095

1. Entity Name

NORTHSIDE COMMUNITY MORTGAGE, INC.

Principal Place of Business

Mailing Address

UNIVERSITY BOULEVARD SOUTH
#507
JACKSONVILLE FL 32216

1909 UNIVERSITY BOULEVARD SOUTH
UNIT #507
JACKSONVILLE FL 32216-8959

2. Principal Place of Business

1036 DUNN AVENUE

Suite, Apt. #, etc.

43

City & State

JACKSONVILLE, FLORIDA

Zip

32218

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

JACKSONVILLE, FLORIDA

Zip

32218

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3559406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAFER, ELIOT J
3974 WOODCOCK DRIVE
SUITE 100
JACKSONVILLE FL 32207

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

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

TITLE ☐ Delete

D
RICKS, JIMMY
1909 UNIVERSITY BOULEVARD SOUTH #507
JACKSONVILLE FL 32216

TITLE ☐ Delete

TITLE ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone

4-28-00 9047140246

CR2E034 (9/99)