

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S56812**

1. Entity Name

**SOUTHSIDE EQUITY CORPORATION**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90091 047 \*\*\*150.00

Principal Place of Business

222 LAKEVIEW AVE  
 17TH FLOOR  
 W PALM BCH FL 33401  
 US

Mailing Address

222 LAKEVIEW AVE  
 17TH FLOOR  
 W PALM BCH FL 33401-6150  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0271089**

Applied For

Not Applicable

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

REGSERV CORP  
 222 LAKEVIEW AVE  
 17TH FL  
 W PALM BCH FL 33401

Name

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

City

**FL**

Zip Code

8. The above **Regserv Corp.**

is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By:

**Mark Nussbaum, Vice President**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/00**

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 **DVS** ☐ Delete  
 NAME **SANDS, DONALD A.**  
 STREET ADDRESS **222 LAKEVIEW AVE 17TH FL**  
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DPT** ☐ Delete  
 NAME **RENDINA, BRUCE A.**  
 STREET ADDRESS **222 LAKEVIEW AVE 17TH FL**  
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V/AS** ☐ Delete  
 NAME **DISLAVO, PATRICK J**  
 STREET ADDRESS **222 LAKEVIEW AVE 17TH CL**  
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **V/AS** ☒ Change ☐ Addition  
 NAME **DiSalvo, Patrick J.**  
 STREET ADDRESS **222 Lakeview Avenue, 17<sup>th</sup> Floor**  
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick J. DiSalvo**  
**Vice President**

Date

Daytime Phone #

**4/27/00 (561) 655-9008**

CR2E034 (9/99)