

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90019 019 \*\*\*150.00

0049490

**DOCUMENT # N97000000401**

1. Entity Name

**SOUTHSIDE BUSINESS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6313 SOUTH DIXIE HIGHWAY  
 WEST PALM BEACH FL 33405

6313 SOUTH DIXIE HIGHWAY  
 WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

4100 S. Dixie Highway  
 Suite, Apt. #, etc.  
 Suite A

4100 S. Dixie Highway  
 Suite, Apt. #, etc.  
 Suite A

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

4. FEI Number

**65-0679614**

Applied For

Not Applicable

Zip

Country

Zip

Country

33405

U.S.A.

33405

U.S.A.

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

Name

Karl J. Foose

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

4100 S. Dixie Highway, Suite A

City

West Palm Beach,

FL

Zip Code

33405

CASOLARE, JOSEPH  
 6313 SOUTH DIXIE HIGHWAY  
 WEST PALM BEACH FL 33405

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete

NAME: CASOLARE, JOSEPH  
 STREET ADDRESS: 6313 SOUTH DIXIE HIGHWAY  
 CITY-ST-ZIP: WEST PALM BEACH FL 33405

TITLE  Delete

NAME: FOOSE, KARL  
 STREET ADDRESS: 4100 S DIXIE HWY STE A  
 CITY-ST-ZIP: WEST PALM BEACH FL 33405

TITLE  Delete

NAME: GEOFREY C HIGGS  
 STREET ADDRESS: 6903 S DIXIE HWY  
 CITY-ST-ZIP: WEST PALM BEACH FL 33405

TITLE  Delete

NAME: CHILDERS, TIMOTHY C  
 STREET ADDRESS: 5100 S DIXIE HWY STE 6  
 CITY-ST-ZIP: W PALM BCH FL 33045

TITLE  Delete

NAME: CONTRERAS, ELENA E  
 STREET ADDRESS: 399 FOREST HILL BLVD  
 CITY-ST-ZIP: W PALM BCH FL 33405-4651

TITLE  Delete

NAME: HESSION, SUSAN L  
 STREET ADDRESS: 6309 S DIXIE HWY  
 CITY-ST-ZIP: W PALM BCH FL 33405

TITLE  Change  Addition

NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE  Change  Addition

NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE  Change  Addition

NAME: Sylvia Alarcon Sparler  
 STREET ADDRESS: 4100 S. Dixie Highway, Suite C  
 CITY-ST-ZIP: West Palm Beach, FL 33405

TITLE  Change  Addition

NAME:   
 STREET ADDRESS:   
 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 617, 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:

*Joseph Casolare*

561-655-3404

CR2E037 (10/00)