

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

3/1

03-19-2003 90125 021 ****87.50

DOCUMENT # N02000002449

1. Entity Name
FRIENDS OF EXCELSIOR, INC.



Principal Place of Business
**655 CHRISTOPHER STREET
ST. AUGUSTINE FL 32084**

Mailing Address
**655 CHRISTOPHER STREET
ST. AUGUSTINE FL 32084**

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

03-0487824

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STAFFORD, RONALD L. REV.
655 CHRISTOPHER STREET
ST. AUGUSTINE FL 32084**

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MASON, OTIS**
STREET ADDRESS **13 CHRISTOPHER STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **MOTLEY, GENE**
STREET ADDRESS **18 SOUTH WHITNEY STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **MOTLEY, RUTH**
STREET ADDRESS **18 SOUTH WHITNEY STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **BRYANT, JACQUELINE**
STREET ADDRESS **904 CHIPPEWA**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **MASON, OTIS**
STREET ADDRESS **13 Christopher St.**
CITY-ST-ZIP **St Augustine FL 32084**

TITLE **D** ☒ Change ☐ Addition
NAME **Motley, Gene**
STREET ADDRESS **18 South Whitney Street**
CITY-ST-ZIP **St Augustine FL 32084**

TITLE **D** ☒ Change ☐ Addition
NAME **Motley, Ruth**
STREET ADDRESS **18 South Whitney Street**
CITY-ST-ZIP **St Augustine FL 32084**

TITLE **D** ☒ Change ☐ Addition
NAME **BRYANT, Jacqueline**
STREET ADDRESS **904 Chippewa**
CITY-ST-ZIP **St Augustine FL 32086**

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: **Ronald L. Stafford**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03 (904) 824-5457

Date

Daytime Phone #

CR2E037 (10/02)