

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

03-10-2002 90303 001 \*\*\*600.00

**DOCUMENT # P99000103720**

1. Entity Name  
**FRP DEVELOPMENT CORP.**

Principal Place of Business  
**155 EAST 21ST STREET  
 JACKSONVILLE FL 32206**

Mailing Address  
**P.O. BOX 4667  
 JACKSONVILLE FL 32201**

2. Principal Place of Business  
**34 Loveton Circle**

3. Mailing Address  
**34 Loveton Circle**

Suite, Apt. #, etc.  
**Ste. 100**

Suite, Apt. #, etc.  
**Ste. 100**

City & State  
**Sparks, MD**

City & State  
**Sparks, MD**

4. FEI Number **59-3638171**

Applied For  
 Not Applicable

Zip Country  
**21152 USA**

Zip Country  
**21152 USA**

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**

**FRICK, DENNIS D  
 155 EAST 21ST STREET  
 JACKSONVILLE FL 32206**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>DEVILLIERS, DAVID H<br/>34 LOVETON CIRCLE STE 100<br/>SPARKS MD 21152</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>LANDINGHAM, RAY VAN<br/>1801 ART MUSEUM DRIVE<br/>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCEO<br/>ANDERSON, JOHN E<br/>1801 ART MUSEUM DRIVE<br/>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>PATZKE, WALLACE A<br/>155 E 21ST STREET<br/>JACKSONVILLE FL 32206</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TAS<br/>RAYBURN, GEORGE THOMAS<br/>34 LOVETON CIRCLE STE 100<br/>SPARKS MD 21152</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>FRICK, DENNIS D<br/>155 EAST 21ST STREET<br/>JACKSONVILLE FL 32206</b> <input type="checkbox"/> Delete        |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered.

SIGNATURE: *Dennis D. Frick* **DENNIS D. FRICK** 2/1/02 904-355-1781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)