

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90170 001 ***150.00

DOCUMENT # 273558

1. Entity Name

FRTL, INC.

Principal Place of Business

Mailing Address

155 E. 21ST STREET
 JACKSONVILLE FL 32206

C/O DENNIS D. FRICK
 P.O. BOX 4667
 JACKSONVILLE FL 32201-4667
 US

B0019150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 Art Museum Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

4. FEI Number

59-1083647

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

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
 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	ANDERSON, JOHN E	
STREET ADDRESS	155 E 21ST ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRICK, DENNIS D	
STREET ADDRESS	155 E. 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MABBETT, JOHN R III	
STREET ADDRESS	155 E. 21ST ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILSTRAP, JAMES J	
STREET ADDRESS	155 E 21ST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PATZKE, WALLACE A JR	
STREET ADDRESS	155 E 21ST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ADDED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Anderson, John E.	
STREET ADDRESS	1801 Art Museum Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	MABBETT, John E.	
STREET ADDRESS	1801 Art Museum Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 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

DATE: FEBRUARY 7, 2000

DAYTIME PHONE #: 904-355-1781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #