

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 155 E. 21ST STREET JACKSONVILLE FL 32206		Mailing Address C/O DENNIS D. FRICK P.O. BOX 4667 JACKSONVILLE FL 32201-4667 US																																																	
2. Principal Place of Business 1801 Art Museum Drive		3. Mailing Address Suite, Apt. #, etc.																																																	
City & State Jacksonville FL		City & State																																																	
Zip 32207	Country	Zip	Country																																																
6. Name and Address of Current Registered Agent FRICK, DENNIS 155 EAST 21ST STREET JACKSONVILLE FL 32206		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.																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 25%;">TITLE</td> <td style="width: 75%;">Delete <input type="checkbox"/></td> <td style="width: 25%;">TITLE</td> <td style="width: 75%;">Change <input checked="" type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2"> PDC ANDERSON, JOHN E 155 E 21ST ST JACKSONVILLE, FL 00000 </td> <td colspan="2"> ADDED Anderson, John E. 1801 Art Museum Drive Jacksonville, FL 32207 </td> </tr> <tr> <td colspan="2"> S FRICK, DENNIS D 155 E. 21ST STREET JACKSONVILLE, FL 00000 </td> <td colspan="2"> VS MABBETT, John E. 1801 Art Museum Dr. Jacksonville, FL 32207 </td> </tr> <tr> <td colspan="2"> VD MABBETT, JOHN R III 155 E. 21ST ST. JACKSONVILLE FL </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> TD GILSTRAP, JAMES J 155 E 21ST ST JACKSONVILLE FL 32206 </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> AS PATZKE, WALLACE A JR 155 E 21ST ST JACKSONVILLE FL 32206 </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	Delete <input type="checkbox"/>	TITLE	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		PDC ANDERSON, JOHN E 155 E 21ST ST JACKSONVILLE, FL 00000		ADDED Anderson, John E. 1801 Art Museum Drive Jacksonville, FL 32207		S FRICK, DENNIS D 155 E. 21ST STREET JACKSONVILLE, FL 00000		VS MABBETT, John E. 1801 Art Museum Dr. Jacksonville, FL 32207		VD MABBETT, JOHN R III 155 E. 21ST ST. JACKSONVILLE FL				TD GILSTRAP, JAMES J 155 E 21ST ST JACKSONVILLE FL 32206				AS PATZKE, WALLACE A JR 155 E 21ST ST JACKSONVILLE FL 32206											
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DO NOT WRITE IN THIS SPACE

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 **FEBRUARY 7, 2000** **904-355-1781**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #