

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2000 90170 002 \*\*\*150.00

<b>DOCUMENT # 642938</b>			
1. Entity Name <b>FLORIDA ROCK PROPERTIES, INC.</b>			
Principal Place of Business 155 E 21ST ST (32206) POB 4667 JACKSONVILLE FL 32201-1667		Mailing Address C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE FL 32201-4667 US	
2. Principal Place of Business <del>1801 Art Museum Drive</del> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL 32207</b>		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FRICK, DENNIS D 155 E 21ST ST JACKSONVILLE FL 32206</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2478244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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) 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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ANDERSON, JOHN E.</b> <b>155 E 21ST ST</b> <b>JACKSONVILLE, FL 00000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DEVILLIERS, DAVID H JR.</b> <b>34 LOVETON CIRCLE #100</b> <b>SPARKS MD</b>	<input type="checkbox"/> Delete	<b>D/C</b> <b>Anderson, John E.</b> <b>1801 Art Museum Drive</b> <b>Jacksonville, FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>FRICK, DENNIS D</b> <b>155 E 21ST ST</b> <b>JACKSONVILLE, FL 00000</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>RAYBURN, G THOMAS</b> <b>34 LOVETON CIRCLE, SUITE 100</b> <b>SPARKS MD</b>	<input type="checkbox"/> Delete	<b>P/O</b> <b>Devilliers, David H. Jr.</b> <b>34 Loveton Circle #100</b> <b>Sparks, MD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JAMES JEFFREY GILSTRAP</b> <b>155 EAST 21ST STREET</b> <b>JACKSONVILLE FL 32206</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>AS</b> <b>Patzke, Wallace A.</b> <b>155 East 21st Street</b> <b>Jacksonville, FL 32206</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 Secretary **1/18/00 904-355-1781**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #