

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90108 019 ****61.25

DOCUMENT # C10356

1. Entity Name

THE FRIARS

Principal Place of Business,

**10110 SAN JOSE BLVD
 JACKSONVILLE FL 32257**

Mailing Address

**10110 SAN JOSE BLVD
 JACKSONVILLE FL 32257**

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

59-2438171

Applied For

Not Applicable

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

**JETER, WILLIAM H JR
 10110 SAN JOSE BLVD
 JACKSONVILLE FL 32257**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME NIGHTINGALE, DOWNING
 STREET ADDRESS 2775 RIVERSIDE AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☒ Delete
 NAME MCCART, HAROLD III
 STREET ADDRESS 3102 ST. JOHNS AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME MCLEOD, GARDNER
 STREET ADDRESS 3324 LAKESHORE BLVD.
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VPD ☒ Change ☐ Addition
 NAME MCLEOD, GARDNER
 STREET ADDRESS 4348 BEVERLY AVE.
 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE TD ☐ Delete
 NAME TODD, BO
 STREET ADDRESS 8640 PHILLIPS HWY., #21
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE PD ☒ Change ☐ Addition
 NAME TODD, BO
 STREET ADDRESS 8640 PHILLIPS HWY., #21
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
 NAME HAYNES, KEVIN
 STREET ADDRESS 4348 BEVERLY AVE.
 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
 NAME ALLEN, WILL
 STREET ADDRESS 4405 CHIPPEWA DR.
 CITY-ST-ZIP JACKSONVILLE, FL 32210

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:

Garner P. Hebert

1-29-01

(904) 571-9391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)