

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90229 043 ****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

P.O. Box 1742

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32201

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

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

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

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

TITLE **SD** ☒ Delete
NAME **HAYNES, KEVIN**
STREET ADDRESS **4348 BEVERLY AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **TD** ☐ Delete
NAME **ALLEN, WILL**
STREET ADDRESS **4405 CHIPPEWA DR**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VPD** ☐ Delete
NAME **MCLEOD, GARDNER**
STREET ADDRESS **4348 BEVERLY AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **ALLEN, WILL**
STREET ADDRESS **4405 CHIPPEWAYDR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **PD** ☒ Change ☐ Addition
NAME **MCLEOD, GARDNER**
STREET ADDRESS **5637 SALERNO ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **TD** ☐ Change ☒ Addition
NAME **WILKERSON, JAMES E., JR.**
STREET ADDRESS **3210 ROOSEVELT BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **SD** ☐ Change ☒ Addition
NAME **EYRICK, COURTLAND**
STREET ADDRESS **3580 PINE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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

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:

Gardner P. McLeod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (904) 655-8524
Date Daytime Phone #

CR2E037 (9/01)