

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90156 026 *****61.25

DOCUMENT # C10356

1. Entity Name

THE FRIARS



Principal Place of Business

**PO BOX 1742
JACKSONVILLE FL 32201**

Mailing Address

**10110 SAN JOSE BLVD
JACKSONVILLE FL 32257**

2. Principal Place of Business

P.O. BOX 5513 Roosevelt Blvd.

3. Mailing Address

Suite, Apt. #, etc.

235

City & State
JACKSONVILLE, FLORIDA

City & State

Zip

32244

Country

Zip

Country

4. FEI Number **59-2438171**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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 **VPD** ☒ Change ☐ Addition
NAME **WILKERSON, JAMES E., JR.**
STREET ADDRESS **4912 ORTEGA BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32210**

TITLE **PD** ☒ Change ☐ Addition
NAME **ALLEN, WILL, IV**
STREET ADDRESS **5513 ROOSEVELT BLVD., #235**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32244-2345**

TITLE **SD** ☐ Change ☒ Addition
NAME **SNOW, J.J.**
STREET ADDRESS **3608 OAK STREET**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32205**

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

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

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:

SIGNATURE REQUIRED

4/3/03

904-887-1071

CR2E037 (10/02)