

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20034

1. Entity Name

FRIENDS OF ARIEL, INCORPORATED

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90235 027 \*\*\*\*61.25

Principal Place of Business

%BRENT A. WOOLBRIGHT  
5140 SHORE DRIVE  
ST. AUGUSTINE FL 32086

Mailing Address

%BRENT A. WOOLBRIGHT  
5140 SHORE DRIVE  
ST. AUGUSTINE FL 32086-6474

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 **59-2793855**

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

WOOLBRIGHT, BRENT A.  
5140 SHORE DRIVE  
ST. AUGUSTINE FL 32086

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 **BLISS, JEFF**  
STREET ADDRESS **417 BAY SIDE**  
CITY-ST-ZIP **NOKOMIS FL**

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

TITLE **D** ☐ Delete  
NAME **MERCADO, DOUGLAS**  
STREET ADDRESS **14821 SW 150TH STREET**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **TD** ☐ Delete  
NAME **WOOLBRIGHT, CINDY**  
STREET ADDRESS **5140 SHORE DRIVE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE **SD** ☐ Delete  
NAME **WHITTAKER, EILEEN**  
STREET ADDRESS **4600 HWY AIA, VDL 10-8**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

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

TITLE **D** ☒ Delete  
NAME **JENSEN, SUSAN**  
STREET ADDRESS **7110 PONCE DE LEON AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☒ Delete  
NAME **DRUMMOND, ROBIN**  
STREET ADDRESS **2757 TREASURE COVE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL**

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:

*Brent Woolbright* **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/00 907 839-8623*

Date

Daytime Phone #

CR2E037 (9/99)