

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004120

1. Entity Name

FRIENDS OF THE BRADHAM-BROOKS NORTHWEST REGIONAL

Principal Place of Business

Mailing Address

1755 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208

1755 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208-3289

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3380010

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NICKERSON, JAMES
1755 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208

Name
PHYLLIS MACK

Street Address (P.O. Box Number is Not Acceptable)
2415 Barry Drive South

Jacksonville, FL 32208

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

Phyllis F. Mack

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

04/15/00

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 DP ☒ Delete
NAME NICKERSON, JAMES
STREET ADDRESS 800 BROWARD RD., #N203
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE P ☒ Change ☐ Addition
NAME MACK, PHYLLIS F.
STREET ADDRESS 2415 Barry Drive South
CITY-ST-ZIP Jacksonville, FL 32208

TITLE D ☐ Delete
NAME WASHINGTON, CARRIE
STREET ADDRESS 1538 CHATHAM RD
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE DAS ☐ Delete
NAME HARRELL, ALISA
STREET ADDRESS 8950 GREENLEAF ROAD
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE DS ☐ Delete
NAME EAVES, EVELYN
STREET ADDRESS 2259 COURTNEY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE DT ☐ Delete
NAME SWEET, ELEANOR
STREET ADDRESS 11432 MONTEGO BAY DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE D ☒ Delete
NAME COBB, SPENCER
STREET ADDRESS 9615 CARBONDALE DR W
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☒ Change ☐ Addition
NAME BRYANT, ANTONIA
STREET ADDRESS 8019 Denham Road
CITY-ST-ZIP Jacksonville, FL 32208

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:

Phyllis F. Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00 (904) 765-3426
Date Daytime Phone #

CR2E037 (9/99)