

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004120

1. Entity Name

FRIENDS OF THE BRADHAM-BROOKS NORTHWEST REGIONAL

Principal Place of Business

1755 W. EDGEWOOD AVENUE  
JACKSONVILLE FL 32208

Mailing Address

1755 W. EDGEWOOD AVENUE  
JACKSONVILLE FL 32208

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

59-3380010

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

MACK, PHYLLIS  
2415 BARRY DRIVE SOUTH  
JACKSONVILLE FL 32208

Name Sir Spencer Cobb

Street Address (P.O. Box Number is Not Acceptable)

9615 W. Carbondale Drive

City Jacksonville

32208

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

*Sir Spencer Cobb*

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

(NOTE: Registered Agent signature required when reinstating)

2/7/01

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 P  
NAME MACK, PHYLLIS F  
STREET ADDRESS 2415 BARRY DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ Delete

TITLE Sir Spencer Cobb  
NAME Sir Spencer Cobb  
STREET ADDRESS 9615 W. Carbondale Drive  
CITY-ST-ZIP Jacksonville, FL. 32208 ☒ Change ☐ Addition

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

TITLE Reva Oliver  
NAME Reva Oliver  
STREET ADDRESS 7932 Almar Place  
CITY-ST-ZIP Jacksonville, FL 32208 ☒ Change ☐ Addition

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

TITLE Bobby Marcus  
NAME Bobby Marcus  
STREET ADDRESS 124 W. 67<sup>th</sup> ST.  
CITY-ST-ZIP Jacksonville, FL. 32208 ☒ Change ☐ Addition

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

TITLE Eleanor Sweet  
NAME Eleanor Sweet  
STREET ADDRESS 11432 Montego Bay DR. W  
CITY-ST-ZIP Jacksonville, FL. 32218 ☒ Change ☐ Addition

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

TITLE Antonia Bryant  
NAME Antonia Bryant  
STREET ADDRESS 8019 Denham Rd. E  
CITY-ST-ZIP Jacksonville, FL. 32208 ☒ Change ☐ Addition

TITLE D  
NAME BRYANT, ANTONIA  
STREET ADDRESS 8019 DENHAM ROAD E  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ Delete

TITLE Phyllis Mack  
NAME Phyllis Mack  
STREET ADDRESS 2415 Barry Dr. S  
CITY-ST-ZIP Jacksonville, FL. 32208 ☒ Change ☐ Addition

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:

*Sir Spencer Cobb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

(904) 766-0247

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

919400

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90018 043 \*\*\*\*61.25