

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004120

1. Entity Name

FRIENDS OF THE BRADHAM-BROOKS NORTHWEST REGIONAL LIBRARY, INC.

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

COBB, SPENCER SIR
9615 W CARBONDALE DR
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name
Bobby Marcus

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

124 W. 67th St.

City
Jacksonville

FL

Zip Code
32208

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D	MACK, PHYLLIS F	2415 BARRY DRIVE SOUTH JACKSONVILLE FL 32208	
	P	COBB, SPENCER SIR	9615 W CARBONDALE DR JACKSONVILLE FL 32208	
	D	OLIVER, REVA	7932 ALMAR PLACE JACKSONVILLE FL 32208	<input type="checkbox"/> Delete
	DAS	MARCUS, BOBBY	124 W 67TH ST JACKSONVILLE FL 32208	<input type="checkbox"/> Delete
	DS	SWEET, ELEANOR	11432 MONTEGO BAY DRIVE WEST JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Delete
	DT	BRYANT, ANTONIA	8019 DENHAM ROAD E JACKSONVILLE FL 32208	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Emory Johnson	2228 Holcroft Drive Jacksonville, FL 32208			
	James Cotten	3246 Montcalm Drive 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:

Bobby Marcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02
Date

904-765-8112
Daytime Phone #

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-31-2002 90055 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)