

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90002 045 ***150.00

718306



DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000081268**

1. Entity Name
A. MADISON FRIDIE PROPERTIES, INC.

Principal Place of Business

Mailing Address

**1219 WEST 28TH STREET
 JACKSONVILLE FL 32209**

**2000-1 HENDRICKS AVE
 SUITE 170
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485093

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

**FRIDIE, DEBORA E ESQUIRE
 112 W. ADAMS ST., #819
 JACKSONVILLE FL 32202**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** Delete
 NAME: **FRIDIE, ALVIN B SR**
 STREET ADDRESS: **2000-1 HENDRICKS AVENUE, #170**
 CITY-ST-ZIP: **JACKSONVILLE FL 32207**

TITLE: **PD** Change Addition
 NAME: **FRIDIE, ALVIN B.**
 STREET ADDRESS: **704 Blue Seas Ct**
 CITY-ST-ZIP: **Ponte Vedra Beach, FL 32082**

TITLE: **VTSD** Delete
 NAME: **FRIDIE, ANNETTE M**
 STREET ADDRESS: **2000-1 HENDRICKS AVENUE, #170**
 CITY-ST-ZIP: **JACKSONVILLE FL 32207**

TITLE: **VTSD** Change Addition
 NAME: **FRIDIE, ANNETTE M**
 STREET ADDRESS: **704 Blue Seas Ct**
 CITY-ST-ZIP: **Ponte Vedra Beach, FL 32082**

TITLE: Delete
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvin B. Fridie **ALVIN B. FRIDIE** 14 April 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18363-713-510