

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

UBR0214

DOCUMENT # 710405

1. Entity Name

THE JACKSONVILLE HISTORICAL SOCIETY, INC.

03-19-2001 90008 009 ****61.25

Principal Place of Business

Mailing Address

317 A PHILIP RANDOLPH BLVD
 JACKSONVILLE FL 32202
 US

317 A PHILIP RANDOLPH BLVD
 JACKSONVILLE FL 32202
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6198589

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

LISSKA, EMILY R
317 A PHILIP RANDOLPH BLVD
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 Emily R. Lisska, Executive Director 3/1/001
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	<input type="checkbox"/> Delete
NAME	JETER, BILL	
STREET ADDRESS	11136 SCOTT MILL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOCKWOOD, NORMA	
STREET ADDRESS	4844 ARAPAHO AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THEBAUT, BARBARA JO	
STREET ADDRESS	1634 WOODMERE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRUM, GRAY C	
STREET ADDRESS	4615 LANCELOT LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STILL, JANE	
STREET ADDRESS	10111 WINDWARD WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Reagan	
STREET ADDRESS	55 West 9th St,	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Morrow	
STREET ADDRESS	12260 Mandarin Rd	
CITY-ST-ZIP	Jacksonville FL 32223	

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 address, with another like empowered.

SIGNATURE: EMILY R. LISSKA, Executive Director 3/1/001 (904) 665-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)