

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725470

1. Entity Name

JACKSONVILLE MARINE INSTITUTE, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90094 012 ****61.25

Principal Place of Business

JACKSONVILLE MARINE INSTITUTE
13375 BCH BLVD
JACKSONVILLE FL 32246

Mailing Address

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634

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 **59-1447527**

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

HULL, DAVID J
SMITH, HUSLEY & BUSEY
225 WATER STREET, STE 1800
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

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 ☒ Delete
NAME BOWENS, SHARON
STREET ADDRESS 9000 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE ☐ Delete
NAME WILLIAMS, MIKE
STREET ADDRESS NIRA STREET
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME CONNOLLY, JR JOHN W
STREET ADDRESS 23 HERON OAKS COURT
CITY-ST-ZIP AMELIA ISLAND FL 32034

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

TITLE ☐ Delete
NAME JACKSON, DARRYL
STREET ADDRESS 101 E UNION STREET, STE 400
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE ☐ Delete
NAME KELLEY, STEVE
STREET ADDRESS 10401 DEERWOOD PKWY BLVD
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE ☐ Delete
NAME STANDER, O B
STREET ADDRESS 5915 BENJAMIN CENTER DRIVE
CITY-ST-ZIP TAMPA FL 33634

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANDER 1/9/02 (813) 887-3300

CR2E037 (9/01)