

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90155 049 ****61.25

DOCUMENT # **N07117**

1. Entity Name
JACKSONVILLE MARINE ASSOCIATION, INC.



Principal Place of Business

**%JOHN T. LOWE
1405 CARLOTTA ROAD, WEST
JACKSONVILLE FL 32211**

Mailing Address

**%JOHN T. LOWE
1405 CARLOTTA ROAD, WEST
JACKSONVILLE FL 32211**

10001601



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1109509**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWE, JOHN T.
1405 CARLOTTA ROAD, WEST
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HASKELL, LYMAN	53 ARLINGTON RD	JACKSONVILLE FL 32211	<input type="checkbox"/>
SD	LOWE, JOHN T.	1405 CARLOTTA ROAD, WEST	JACKSONVILLE FL	<input type="checkbox"/>
T	STROLLO, VINCENT	4930 SPRING PARK RD	JACKSONVILLE FL 32207	<input type="checkbox"/>
P	ROCHESTER, WILLARD	12062 NORMANDY BLVD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	CLIFF, SQUIRES	2100 FLORIDA BLVD	NEPTUNE BEACH FL 32233	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	P Ron Blume	9211 N. Main St.	Jacksonville, FL 32218	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **REQUIRED**

1/6/03

904-724-3003

CR2E037 (10/02)