

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756642

1. Entity Name

ASSOCIATION OF AM AND FM LODGES, INCORPORATED

Principal Place of Business

3670 MIMOSA DRIVE  
P.O. BOX 1605  
JACKSONVILLE FL 32207

Mailing Address

3670 MIMOSA DRIVE  
P.O. BOX 1605  
JACKSONVILLE FL 32207-6866

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2177147

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

JAMES, ROOSEVELT  
3670 MIMOSA DRIVE  
JACKSONVILLE FL 32207

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SDF  
JAMES, ROOSEVELT A.  
3670 MIMOSA DR  
JACKSONVILLE FL 32205 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWN, NATMANIE BISHOP  
26771 SW 125 AVE LODGE #003  
MIAMI FL 32033 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WALTER WILLIAMS//g.m.  
22300 S.W. 109 CT.  
MIAMI FLORIDA 33170-6534 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTIN, JAMES A.  
1144 BERTHA ST  
JACKSONVILLE FL 32218 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REV ALEX GARVIN  
2959 CHRISBEL AVE  
JACKSONVILLE FLA. 32209 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WATKINS, JOHNNY L.  
1320 HOGAN CREEK TOWER, APT 1006  
JACKSONVILLE FL 32218 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WILCHER JAY/A.C.O.U. PRES,  
P.O. BOX 10421  
JACKSONVILLE FLA. 32207 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
SCOTT, EDNA  
605 TALBOT AVE.  
JACKSONVILLE FL 32205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ALVIN BUCKMAN/IMHOTEP TEMPLE #19  
8764 DARLINGTON DRIVE  
JACKSONVILLE FLA. 32209 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WRIGHT, GEORGE  
3539 SPRING PARK RD  
JACKSONVILLE FL 32207 ☐ Delete

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

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

Date 3-30-2000 Daytime Phone #

FILED  
Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90083 017 \*\*\*\*70.00

052054



DO NOT WRITE IN THIS SPACE

CR2E:037 (9/99)