

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756642

1. Entity Name

ASSOCIATION OF AM AND FM LODGES, INCORPORATED

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90047 006 \*\*\*\*75.00

001070

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

604845



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

59-2177147

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

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

TITLE D ☐ Delete  
NAME ~~BROWN, JAMES BISHOP~~ 3112 Thomas St  
STREET ADDRESS ~~2014 HOWARD AVE~~  
CITY-ST-ZIP ~~MIAMI FL 33133~~ JACKSONVILLE, FLA.

TITLE ☐ Change ☒ Addition  
NAME ALEX GARVIN: SUPREME GRAND MASTER  
STREET ADDRESS  
CITY-ST-ZIP 5921 CHRYSTOBEL AVE: JAX FLA 32208

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

TITLE ☐ Change ☒ Addition  
NAME ALVIN BUCKMAN: GRAND MASTER  
STREET ADDRESS  
CITY-ST-ZIP 8764 DARLINGTON DRIVE: JAX FLA 32208

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

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

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

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

TITLE P ☐ Delete  
NAME ~~WILCHER, JAY~~  
STREET ADDRESS ~~WILCHER, JAY~~ P.O. Box 10421  
CITY-ST-ZIP JACKSONVILLE FL 32207

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:

*ROOSEVELT JAMES A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)