

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90101 010 \*\*\*\*75.00

**DOCUMENT # 756642**

1. Entity Name

**ASSOCIATION OF AM AND FM LODGES, INCORPORATED**

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2177147**

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

**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	<b>SDF</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES, ROOSEVELT A.</b>	
STREET ADDRESS	<b>3670 MIMOSA DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>SMITH, JAMES</del>	
STREET ADDRESS	<b>3112 THOMAS ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTIN, JAMES A.</b>	
STREET ADDRESS	<b>1144 BERTHA ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATKINS, JOHNNY L.</b>	
STREET ADDRESS	<b>1320 HOGAN CREEK TOWER, APT 1008</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>SMITH, JAMES</del>	
STREET ADDRESS	<b>605 TALBOT AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WILCHER, JAY</b>	
STREET ADDRESS	<b>P.O. BOX 10421</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL E. KEGLAR</b>	
STREET ADDRESS	<b>157. e. 8th#110</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FLA. 32206</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILFORD BROW</b>	
STREET ADDRESS	<b>5643 BEACH BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FLA. 32207</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLINTON WILLIAMS</b>	
STREET ADDRESS	<b>1859 N.W. 57th. ST.</b>	
CITY-ST-ZIP	<b>MIAMI FLORIDA 33142</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date Daytime Phone #

CR2E037 (9/01)