

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N01000000052**1. Entity Name
JACKSONVILLE SEMPER FIDELIS SOCIETY, INC.Principal Place of Business
241 ATLANTIC BLVD STE 5B
NEPTUNE BEACH FL 32266
Mailing Address
241 ATLANTIC BLVD STE 5B
NEPTUNE BEACH FL 32266

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
59-3690146Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOWLING HEYWOOD A
241 ATLANTIC BLVD STE 5B
NEPTUNE BEACH FL 32266

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.

SIGNATURE HEYWOOD A. DOWLING

04/30/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	☐ Delete
NAME	HORSTMAN GREG LT. COL	
STREET ADDRESS	8581 TURKEY OAKS DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DV	☐ Delete
NAME	LEAHY SHARON	
STREET ADDRESS	12775 TURLE LAKE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	DV	☐ Delete
NAME	MCLAUGHLIN PAUL D	
STREET ADDRESS	735 SELVA LAKE CIRCLE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	DV	☐ Delete
NAME	DOWLING HEYWOOD A	
STREET ADDRESS	113 4TH STREET	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	DP	☐ Delete
NAME	ADELHEM ROBERT PLT. COL	
STREET ADDRESS	4932 WILD HERON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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: Heywood A. Dowling

DV

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)