

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005950

1. Entity Name

The Jacksonville Museum of War and History, Inc.

Principal Place of Business

Mailing Address

P.O. Box 3373

Ponte Vedra Beach, FL 32004

2. Principal Place of Business

P.O. Box 3373

3. Mailing Address

P.O. Box 3373

Suite, Apt. #, etc.

Ponte Vedra, Florida

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3757843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Frank Hanna	
STREET ADDRESS	28 Eagle Crest Path	
CITY-ST-ZIP	Palm Coast, Florida 32164	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Scott Hanna	
STREET ADDRESS	515 Green blades Court	
CITY-ST-ZIP	Arnold, Maryland 21012	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Jill Fries	
STREET ADDRESS	402 Halsey RD	
CITY-ST-ZIP	Annapolis, MD 21401	
TITLE	Public Relations Director	<input type="checkbox"/> Delete
NAME	Joy Lockerby	
STREET ADDRESS	100 Fairway Park Blvd. 701	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME	Eric Nappier	
STREET ADDRESS	7595 Bay Meadows Circle West	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600005509416	
STREET ADDRESS	-05/14/02--01057--023	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

3/12/02 (904) 285-4001

Date

Daytime Phone #

CR2E037 (1/00)