

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90172 048 ****61.25

DOCUMENT # N09378

1. Entity Name

JACKSONVILLE MARITIME MUSEUM SOCIETY, INC.

Principal Place of Business

Mailing Address

1015 MUSEUM CIRCLE
 UNIT 2
 JACKSONVILLE FL 32207
 US

% ROERT B PARRISH
 501 W BAY ST
 JACKSONVILLE FL 32202-4428



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

59-2605102

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

PARRISH, ROBERT B
501 W BAY ST
JACKSONVILLE FL 32202

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	CHT	<input type="checkbox"/> Delete
NAME	HILAMAN, H. SCOTT	
STREET ADDRESS	10985 MANDARIN STATION DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32257-3901	
TITLE	VCHT	<input checked="" type="checkbox"/> Delete
NAME	RAY, LAKE G III	
STREET ADDRESS	1615 HUFFINGHAM RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PT	<input type="checkbox"/> Delete
NAME	LOCKHART, JOHN M	
STREET ADDRESS	1002 ACOSTA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	CAREY, JEFFERSON	
STREET ADDRESS	1624 DUNSFORD RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIMMS, JOHN E	
STREET ADDRESS	1071 EDGEWOOD AVE S #201	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SANDBERG, MARY K	
STREET ADDRESS	1146 GIRVIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCHT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert Furman	
STREET ADDRESS	8051 Lakeland Ave.	
CITY-ST-ZIP	Jacksonville, FL 32221-	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mario Gottuso	
STREET ADDRESS	3736 Pizzaro Drive	
CITY-ST-ZIP	jacksonville, FL 32217	
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: *Mary K. Sandberg* MARY K. Sandberg, Treasurer 1/21/2000 904-398-9011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)