

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90135 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

U I J J J



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**  Delete  
 NAME: **HILAMAN, H. SCOTT**  
 STREET ADDRESS: **10985 MANDARIN STATION DR W**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32257-3901**

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

TITLE: **VCHT**  Delete  
 NAME: **FURMAN, HERBERT**  
 STREET ADDRESS: **8051 LAKELAND AVE**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32221**

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

TITLE: **PT**  Delete  
 NAME: **LOCKHART, JOHN M**  
 STREET ADDRESS: **1002 ACOSTA STREET**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32204**

TITLE: **PT**  Change  Addition  
 NAME: **GOTTUSO, MARIO** **JACKSONVILLE**  
 STREET ADDRESS: **#&#& 3736 PIZZARO DR, FL 32217**

TITLE: **VPT**  Delete  
 NAME: **GOTTUSO, MARIO**  
 STREET ADDRESS: **3736 PIZZARO DR**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32217**

TITLE: **vpt**  Change  Addition  
 NAME: **ROY COSSELMON**  
 STREET ADDRESS: **707 7th ave N+ Jacksonville Beach**  
 CITY-ST-ZIP: **FL 32250**

TITLE: **ST**  Delete  
 NAME: **SIMMS, JOHN E**  
 STREET ADDRESS: **1071 EDGEWOOD AVE S #201**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32205**

TITLE: **ST**  Change  Addition  
 NAME: **Val Lyman**  
 STREET ADDRESS: **2625 Myra St.**  
 CITY-ST-ZIP: **Jacksonville, FL 32204**

TITLE: **TT**  Delete  
 NAME: **SANDBERG, MARY K**  
 STREET ADDRESS: **1146 GIRVIN RD**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32225**

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

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: **W. SIGNATURE REQUIRED** *Hilaman* Chairman 1/15/01 (904) 398-9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)