

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90065 025 ****61.25

0012463

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DEPA
 FOI
 AC**

4. FEI Number

59-2605102

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **Edward M. Fennell**
 STREET ADDRESS **4464 Cobblefield Cir. E.**
 CITY-ST-ZIP **Jacksonville, FL 32224**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPT COSSELMON, ROY**
 STREET ADDRESS **707 7TH AVE N.**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE Change Addition
 NAME **Mike VonDolteren**
 STREET ADDRESS **4511 Pebblebrook Drive**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE Delete
 NAME **ST LYMAN, VAL**
 STREET ADDRESS **2625 MYRA ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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)(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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary K. Sandberg, Treasurer

1/17/02

Date

Daytime Phone #

CR2E037 (9/01)