

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11664

1. Entity Name

AMERICAN HARBOR AND DOCKING PILOTS ASSOCIATION,

Principal Place of Business

ROUTE 1 BOX 700  
BRANFORD FL 32008

Mailing Address

ROUTE 1 BOX 700  
BRANFORD FL 32008-9773

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2701672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, GEORGE L.  
ROUTE 1, BOX 700  
BRANFORD FL 32008

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 DP ☐ Delete  
NAME GALMAN, DAVID P  
STREET ADDRESS 185 SAMOSET AVE  
CITY-ST-ZIP QUINCY MN 02169

TITLE DVP ☐ Delete  
NAME HICKORY, JAMES  
STREET ADDRESS 2306 FOX CHASE COURT  
CITY-ST-ZIP BELAIR MD 21015

TITLE D ☐ Delete  
NAME THOMAS, FREDERICK  
STREET ADDRESS 3307 ABBYFIELD DR E  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE DST ☐ Delete  
NAME MOORE, GEORGE L  
STREET ADDRESS RT 1 BOX 700  
CITY-ST-ZIP BRANFORD FL

TITLE D ☐ Delete  
NAME ACKERMAN, JAMES T.  
STREET ADDRESS 12141 RUNNING BROOK DR  
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 ZIP - 32008-9773

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)(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: **GEORGE L. MOORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

(904) 935-0209

Daytime Phone #

CR2E037 (9/99)