

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24387

1. Entity Name

JACKSONVILLE INTERNATIONAL LONGSHOREMEN'S ASSOCI

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90152 012 ****61.25

Principal Place of Business

EASTSIDE COMMUNITY
JACKSONVILLE FL 32206
US

Mailing Address

1050 FRANKLIN STREET
JACKSONVILLE FL 32206
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910138

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

GIBSON, PERTY
7819 MATTOX AVENUE
JACKSONVILLE FL 32219

Name

Levi Griffin
Street Address (P.O. Box Number is Not Acceptable)
1050 Franklin St.

City

Jacksonville

FL

Zip Code

32206

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

Levi Griffin

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
After September 13, 2000 min. will be \$236.25

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, PERTY	
STREET ADDRESS	7819 MATTOX AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GORDAN, JAMES	
STREET ADDRESS	4252 MCDANIEL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, HARRY	
STREET ADDRESS	1207 FLORIDA AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVI GRIFFIN	
STREET ADDRESS	3421 JAPONICA Rd. N.	
CITY-ST-ZIP	JACKSONVILLE FL. 32209	
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD Atwater	
STREET ADDRESS	4954 Rhode Island N.	
CITY-ST-ZIP	JACKSONVILLE FL. 32209	
TITLE	FIN. SECT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH M. CUMMINGS	
STREET ADDRESS	6309 Jammes Rd.	
CITY-ST-ZIP	JACKSONVILLE FL. 32244	
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

Date

Daytime Phone #

9-8-00 358-6767

CR2E037 (5/00)