

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000809

1. Entity Name

MARITIME HERITAGE FOUNDATION, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90007 030 ****61.50

0011226

Principal Place of Business 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210	Mailing Address 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210
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100121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210	3. Mailing Address 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 59-3295717	Applied For <input type="checkbox"/> Not Applicable
Zip 32210	Country USA	Zip 32210	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROGERS, GRACE B 3102 LAKESHORE BLVD. JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROGERS, GRACE B 3102 LAKESHORE BLVD. JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JOHN M 814 EAST COAST DRIVE ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, M D III POST OFFICE BOX 47080 N/A JACKSONVILLE FL 32247 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JAMES J 5735 MONROE SMITH ROAD JACKSONVILLE FL 32222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Grace B. Rogers, Secretary of State</i>	1/21/01 904-387-4669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E037 (10/00)