

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003943

1. Entity Name

AMERICAN MERCHANT MARINE VETERANS: ST. JOHN'S RIVER CHAPTER, INC.

Principal Place of Business

Mailing Address

8051 LAKELAND ST.  
JACKSONVILLE FL 32221

P.O. BOX 6625  
JACKSONVILLE FL 32236-6625  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3207219

Applied For

Not Applicable

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

FURMAN, HERBERT  
8051 LAKELAND ST  
JACKSONVILLE FL 32221

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 NAME	PD FURMAN, HERBERT	<input type="checkbox"/> Delete
STREET ADDRESS	8051 LAKELAND ST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE NAME	DV HARRIS, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	RT 3 BOX 172-3	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE NAME	SD SIMMS, JOHN E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1071 EDGEWOOD AVE S, APT 201	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE NAME	D ELLISON, L E	<input type="checkbox"/> Delete
STREET ADDRESS	1672 MISTY LAKE DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	D BAHMANN, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	19113 60TH PLACE - A	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD HARRIS, CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT 3, BOX 172-3	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE NAME	DV LOCKHART, JOHN M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1002 ACOSTA ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32204-4217	
TITLE NAME	SD HARRIS, ANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	RT 3, BOX 172-3	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE NAME	TD LYMAN, VAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1071 S. EDGEWOOD AVE., #107	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE NAME	D FURMAN, HERBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8051 LAKELAND ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE NAME	D DAVIS, JAMES C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	610 S.E. LAKEVIEW DR.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	

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: *John M. Lockhart* JOHN M. LOCKHART JAN. 22, 2002, 904-384-7371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90361 001 \*\*\*\*69.00  
02-04-2002 90361 002 \*\*\*\*\*1.00

11849



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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Attachment  
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11. Additions/Changes to Officers and Directors  
in Block 10

D addition X  
MALPHURS, Raymond L.  
2196 S.E. 20th ST.  
MELROSE, FL 32666

D addition x  
Kruger, GERALD  
35 TALLWOOD RD.  
JACKSONVILLE BEACH, FL 32250