

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90107 023 \*\*\*\*61.25

**DOCUMENT # 732469**  
 1. Entity Name  
**MUSEUM OF SOUTHERN HISTORY, INC.**


Principal Place of Business <b>4304 HERSCHEL ST JACKSONVILLE FL 32210 US</b>	Mailing Address <b>4304 HERSCHEL T JACKSONVILLE FL 32210-2210 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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 DO NOT WRITE IN THIS SPACE  
 4. FEI Number **59-1662145** Applied For  Not Applicable

6. Name and Address of Current Registered Agent  
**SNYDER, MICHAEL B  
 4401 LAKESIDE DR  
 UNIT 504  
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Numbers 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 *Michael B Snyder* **EXEC-DIRECTOR/CURATOR** **6 JAN 2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$81.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SNYDER, MICHAEL B 4401 LAKESIDE DR, UNIT 504 JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CONWAY, C RAYMOND 4912 ORTEGA BLVD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EVANS, R. GARY 4719 ARAPHOE AVE JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO MILNE, JACK F 1843 CHALLEN AVE JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BOND, JOHN R 7407 HENNESSY RD JACKSONVILLE FL</b> <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
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: *Michael B Snyder* **EXEC-DIRECTOR** **6 JAN 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP0137 (9/99)