

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90121 021 \*\*\*\*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          US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1662145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/> CD	NAME <b>SNYDER, MICHAEL B</b>	STREET ADDRESS <b>4401 LAKESIDE DR, UNIT 504</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> TD	NAME <b>CONWAY, C RAYMOND</b>	STREET ADDRESS <b>4912 ORTEGA BLVD</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> PD	NAME <b>EVANS, R. GARY</b>	STREET ADDRESS <b>4719 ARAPHOE AVE</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> VD	NAME <b>MILNE, JACK F</b>	STREET ADDRESS <b>1843 CHALLEN AVE</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> SD	NAME <b>BOND, JOHN R</b>	STREET ADDRESS <b>7407 HENNESSY RD</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>	NAME <i>SAME</i>	STREET ADDRESS <i>1867 Greenwood Ave</i>	CITY-ST-ZIP <i>Jacksonville, FL 32205</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>	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: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/19/01** Daytime Phone #: **904 381-7066**

CR2E037 (10/00)