

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90021 006 ***61.25

DOCUMENT # 722468

1. Entity Name

MEMORIAL SOCIETY OF ALACHUA COUNTY, INC.

Principal Place of Business

3426 SW 75TH ST
 GAINESVILLE FL 32607
 US

Mailing Address

3426 SW 75TH ST
 GAINESVILLE FL 32607
 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

23-7165333

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TARJAN, ARMEN CHARLES
3426 SW 75TH ST
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name **John A. JANOUS**
 Street Address (P.O. Box Number is Not Acceptable)

3703 NW 40th ST

City **Gainesville FL** Zip Code **32606**

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KROLL, JULIA	
STREET ADDRESS	1006 SW 35TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHINES, GENEVIEVE D	
STREET ADDRESS	324 NW 48TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JANOUS, JOHN A	
STREET ADDRESS	3703 NW 40TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	T	<input type="checkbox"/> Delete
NAME	TARJAN, ARMEN CHARLES	
STREET ADDRESS	3426 SW 75TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, CECIL N	
STREET ADDRESS	4072 NW 23RD CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANRAHAN, MARY ELLEN	
STREET ADDRESS	3730 NW 16TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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)(l), 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: *Armen C. Tarjan* **Armen C. Tarjan** 20-Jan-02 352-317-2403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)