

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90197 028 ***150.00

DOCUMENT # J43500

1. Entity Name

EAST PARK, INC.

Principal Place of Business

Mailing Address

**3300 PHILLIPS HIGHWAY
 POST OFFICE BOX 5369
 JACKSONVILLE FL 32207**

**3300 PHILLIPS HIGHWAY
 POST OFFICE BOX 5369
 JACKSONVILLE FL 32207-4312**

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 **59-2746517**

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

**MCGEHEE, THOMAS R.
 3300 PHILLIPS HWY
 JACKSONVILLE FL 32207**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS Delete <input type="checkbox"/>	NAME MCGEHEE, THOMAS R. JR. STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE FL	TITLE Delete <input type="checkbox"/>	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE V Delete <input type="checkbox"/>	NAME MCGEHEE, SUTTON STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE FL	TITLE Delete <input type="checkbox"/>	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE PCD Delete <input type="checkbox"/>	NAME MCGEHEE, THOMAS R. STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE FL	TITLE Delete <input type="checkbox"/>	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE VP Delete <input type="checkbox"/>	NAME MCGEHEE, DAVID S. STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE FL	TITLE Delete <input type="checkbox"/>	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE TAS Delete <input type="checkbox"/>	NAME ROGERS, JONATHAN Y STREET ADDRESS 3300 PHILIPS HWY CITY-ST-ZIP JACKSONVILLE FL	TITLE Delete <input type="checkbox"/>	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE ASD Delete <input type="checkbox"/>	NAME MC GEHEE, FRANK S. STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE FL	TITLE Delete <input type="checkbox"/>	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sutton McGehee
Sutton McGehee

Sutton McGehee
 Vice President

4/18/00 904-348-3300

Date

Daytime Phone #

CR2E034 (9/99)