


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90126 038 \*\*\*150.00

**DOCUMENT # J43500**

1. Entity Name  
**EAST PARK, INC.**



Principal Place of Business  
**3300 PHILLIPS HIGHWAY  
POST OFFICE BOX 5369  
JACKSONVILLE FL 32207**

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent  
Name **Sutton McGehee**  
Street Address (P.O. Box Number is Not Acceptable) **3300 Philips Highway**  
City **Jacksonville FL** Zip Code **32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sutton McGehee* **Sutton McGehee** **President** **4/22/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCGEHEE, THOMAS R. JR.</b>		NAME	
STREET ADDRESS <b>3300 PHILLIPS HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <del>VP</del>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCGEHEE, SUTTON</b>		NAME	
STREET ADDRESS <b>3300 PHILLIPS HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <del>POB</del>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>MCGEHEE, THOMAS R.</del>		NAME	
STREET ADDRESS <del>3300 PHILLIPS HWY</del>		STREET ADDRESS	
CITY-ST-ZIP <del>JACKSONVILLE FL</del>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCGEHEE, DAVID S.</b>		NAME	
STREET ADDRESS <b>3300 PHILLIPS HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>TAS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROGERS, JONATHAN Y</b>		NAME	
STREET ADDRESS <b>3300 PHILLIPS HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>ASD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MC GEHEE, FRANK S.</b>		NAME	
STREET ADDRESS <b>3300 PHILLIPS HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sutton McGehee* **Sutton McGehee** **President** **4/22/03** **904-348-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)