

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90060 047 \*\*\*150.00

0013633

**DOCUMENT # 018179**

1. Entity Name  
**OAKLAWN CEMETERY ASSOCIATION**

Principal Place of Business <b>4801 SAN JOSE BLVD                  JACKSONVILLE FL 32207</b>	Mailing Address <b>4801 SAN JOSE BLVD                  JACKSONVILLE FL 32207</b>
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**602205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0380400</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>TAYLOR, NEIL C                  4801 SAN JOSE BLVD                  JACKSONVILLE FL 32207</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TAYLOR, WESLEY F., JR.</b>			NAME			
STREET ADDRESS	<b>4801 SAN JOSE BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE	<b>TDP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TAYLOR, NEIL C</b>			NAME			
STREET ADDRESS	<b>4801 SAN JOSE BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>			CITY-ST-ZIP			
TITLE	<b>DV</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TAYLOR, JANICE O.</b>			NAME			
STREET ADDRESS	<b>4801 SAN JOSE BLVD</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>TAYLOR, JANICE E.</b>			NAME			
STREET ADDRESS	<b>4801 SAN JOSE BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TAYLOR, MARK</b>			NAME			
STREET ADDRESS	<b>4801 SAN JOSE BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 another like empowered.

SIGNATURE: Neil C. Taylor, President January 8, 2001 904-737-9171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
NEIL C. TAYLOR

CR2E034 (10/00)