

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90035 040 \*\*\*150.00

**DOCUMENT # 018179**  
 1. Entity Name  
**OAKLAWN CEMETERY ASSOCIATION**

Principal Place of Business      Mailing Address  
**4801 SAN JOSE BLVD**      **4801 SAN JOSE BLVD**  
**JACKSONVILLE FL 32207**      **JACKSONVILLE FL 32207**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**TAYLOR, NEIL C**  
**4801 SAN JOSE BLVD**  
**JACKSONVILLE FL 32207**

4. FEI Number **59-0380400**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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 \_\_\_\_\_ (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, 2002 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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, WESLEY F., JR.	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TDP	<input type="checkbox"/> Delete
NAME	TAYLOR, NEIL C	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, JANICE O.	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	TAYLOR, JANICE E.	
STREET ADDRESS	4801 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, MARK	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		

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:** Neil C. Taylor      **REQUIRED**      1/2/2002      904-737-7171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)